

**Kansas Title V  
Maternal and Child Health Services  
Block Grant  
2014 Application / 2012 Annual Report**

**Executive Summary of Public Input**

**July 2013**



Bureau of Family Health  
Kansas Department of Health and Environment

1000 SW Jackson, Suite 220  
Topeka, KS 66612  
Phone: 785.291.3368  
[www.kdheks.gov/bfh](http://www.kdheks.gov/bfh)

# **Kansas Title V Maternal and Child Health Services Block Grant 2014 Application/2012 Annual Report Executive Summary of Public Input**

This executive summary summarizes the public input received by the Kansas Title V Maternal and Child Health (MCH) - Bureau of Family Health (BFH), Kansas Department of Health and Environment (KDHE) during the development of the 2014 Application/2012 Annual Report of the federal Title V Maternal and Child Health Services Block Grant.

## **Public Input**

Public input is a required component of the annual MCH Block Grant application process. In 2013, the Kansas Title V Maternal and Child Health - Bureau of Family Health (BFH) initiated several new strategies (adapting Wisconsin and Tennessee's resources) to solicit public input for the 2014 Application/2012 Annual Report. MCH staff developed resources to increase knowledge and understanding about the Kansas Title V MCH federal-state partnership, services, Block Grant, and 2011-2015 state priority issues including an Executive Summary, Public Input Survey, Quick Reference Guide, and MCH federally reported indicators and progress. Additionally, on the BFH homepage, a separate Title V information page with these resources was posted at: <http://www.kdheks.gov/c-f/mch.htm>.

## **Public Input period**

May 2, 2013 - June 1, 2013

## **Methods**

The following email was sent by the Title V Director to Kansas MCH partners (a complete list is included as Appendix A).

"Dear Kansas Maternal and Child Health Partner:

As Director of the Kansas Title V Program, it is my pleasure to request your input related to Kansas Title V Maternal and Child Health (MCH) Services, a federal-state partnership/block grant administered by the Kansas Department of Health and Environment, Division of Public Health, Bureau of Family Health. Whether you are a parent, government official, advocate, or member of the general public, the MCH Block Grant likely touches your life. Its success lies in the strength of partnerships and collaborations to maximize reach and promote efficiency. Please complete this short survey related to statewide MCH programs and services: <http://www.surveymonkey.com/s/XD6ZQSM>. In order to ensure that your comments are reviewed and incorporated into the 2014 Application/2012 Annual Report, we ask that you complete the survey by **June 1**. Your input is needed to assure the MCH Program is guided by the needs of Kansas families and MCH priority populations: women of reproductive age,

pregnant women, mothers, infants, children, adolescents, and individuals with special health care needs. Please feel free to forward this message and survey link. Questions should be directed to Jamie Kim at [jkim@kdheks.gov](mailto:jkim@kdheks.gov).

Resources to increase your knowledge about the Kansas Title V MCH Block Grant and state's priority issues for 2011-2015 are provided below. Included in the list is an Executive Summary which orients the reader to the Block Grant, highlights key programmatic themes and data points, provides specific examples of MCH program activities, and encourages comment concerning the document itself.

- Executive Summary (2013 Block Grant): [http://www.kdheks.gov/c-f/downloads/Executive\\_Summary\\_KS\\_MCH\\_BG\\_2013\\_App\\_2011\\_Report.pdf](http://www.kdheks.gov/c-f/downloads/Executive_Summary_KS_MCH_BG_2013_App_2011_Report.pdf)
- Health Status Indicator Progress Report (2013 Block Grant): [http://www.kdheks.gov/c-f/downloads/Indicator\\_Progress\\_KS\\_MCHBG\\_2013\\_App\\_2011\\_Report.pdf](http://www.kdheks.gov/c-f/downloads/Indicator_Progress_KS_MCHBG_2013_App_2011_Report.pdf)
- MCH Block Grant (full length 2013 Application/2011 Annual Report): [http://www.kdheks.gov/cyshcn/download/FY2013\\_KS\\_MCH\\_Block\\_Grant\\_For\\_Public\\_Comment.pdf](http://www.kdheks.gov/cyshcn/download/FY2013_KS_MCH_Block_Grant_For_Public_Comment.pdf)
- Quick Reference Guide for Block Grant: [http://www.kdheks.gov/c-f/downloads/MCH\\_Quick\\_Reference\\_Guide.pdf](http://www.kdheks.gov/c-f/downloads/MCH_Quick_Reference_Guide.pdf)
- MCH 5-Year Statewide Needs Assessment (MCH 2015): [http://www.datacounts.net/mch2015/documents/MCH2015\\_Report.pdf](http://www.datacounts.net/mch2015/documents/MCH2015_Report.pdf)
- MCH 2012 Biennial Summary: [http://www.kdheks.gov/bfh/download/MCH\\_2012\\_Biennial\\_Summary.pdf](http://www.kdheks.gov/bfh/download/MCH_2012_Biennial_Summary.pdf)
- KDHE Bureau of Family Health website: [www.kdheks.gov/bfh](http://www.kdheks.gov/bfh) (direct link to MCH Block Grant website: <http://www.kdheks.gov/c-f/mch.htm>)

Thank you for your dedication and commitment to working together for a healthier Kansas."

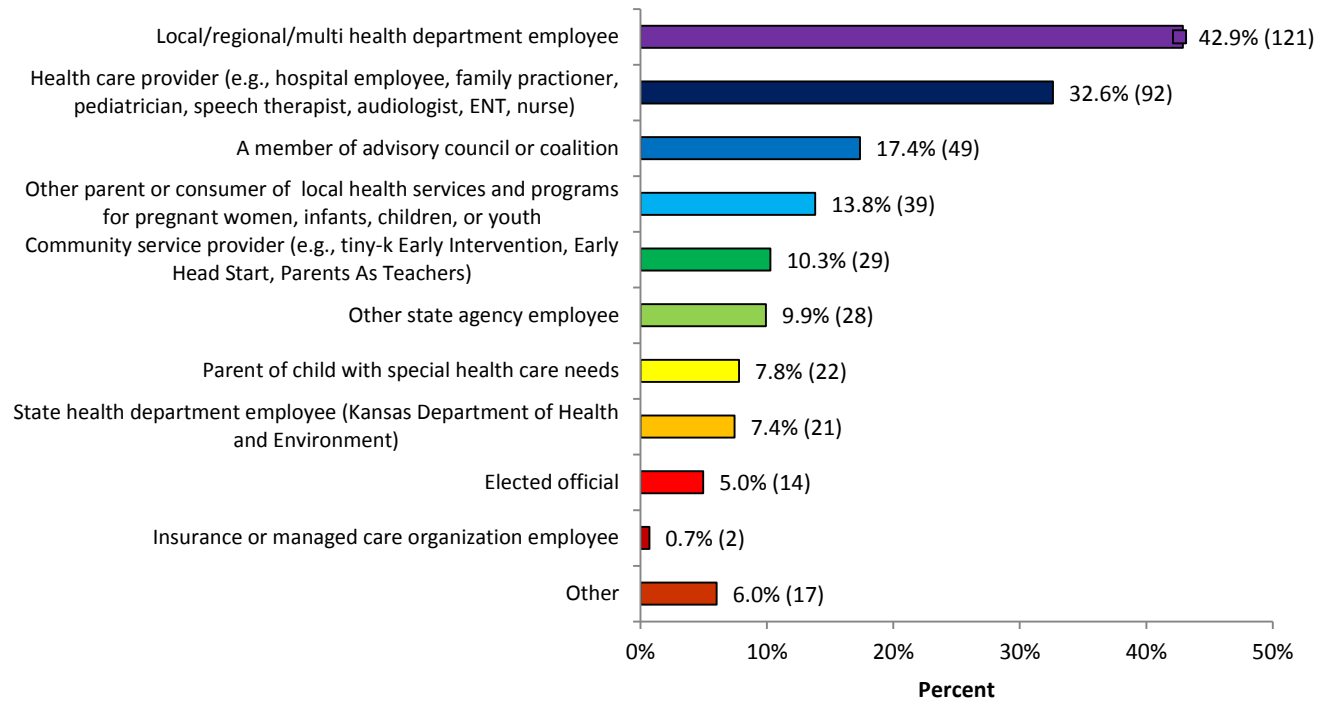
The public input was gathered via an on-line survey tool (Survey Monkey). The survey was structured to focus on major and emerging health concerns and unmet needs for the target populations served by the block grant. In addition, the survey asked for input on the service delivery system for these populations to include what is and is not working well.

## **Results**

### ***Characteristic of Respondents***

A total of 292 responses were received. Participants were asked to best describe their role (selecting multiple categories, if appropriate). Figure 1 shows the categories of respondents. The majority of respondents were local/regional/multi health department employees (42.9%), followed by health care providers (32.6%).

**Figure 1. Respondents to Public Input Survey**



Total = 282 Responses

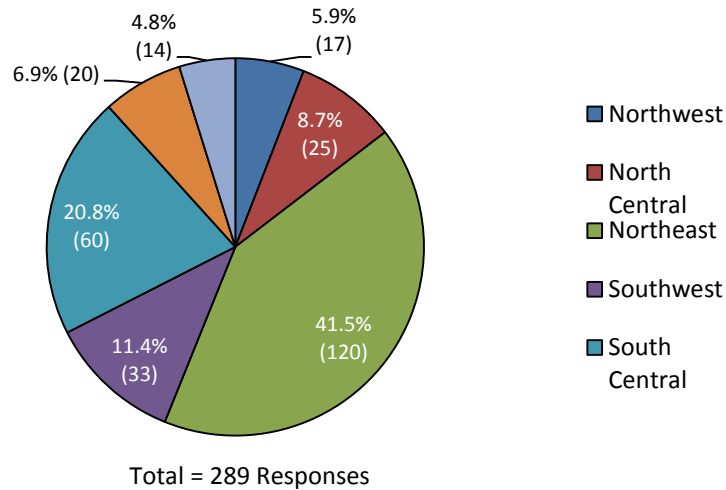
*Other respondents included:*

- Abortion provider, small
- Advocate
- Consultant working with many of the above groups
- Data Analyst- Stroudwater Associates
- Emergency Aid Agency
- Former school social worker
- Foundation officer
- Health philanthropy leader
- Healthy Start Home Visitor
- Law Enforcement
- Non-profit Executive Director
- Non-profit organization volunteer
- School nurse
- Staff of Community Mental Health Center
- Technical Advisor to KDHE
- Volunteer mother-to-mother breastfeeding counselor (La Leche League)
- Work in health care- Medical records Director of a hospital

### ***Geographic Distribution of Respondents***

In order to better understand whether the public inputs were representative of the population, respondents were asked to indicate the area of the state in which they work or live. Figure 2 shows the geographic distribution of respondents. As expected, the majority of respondents indicated Northeast (41.5%), followed by South Central (20.8%).

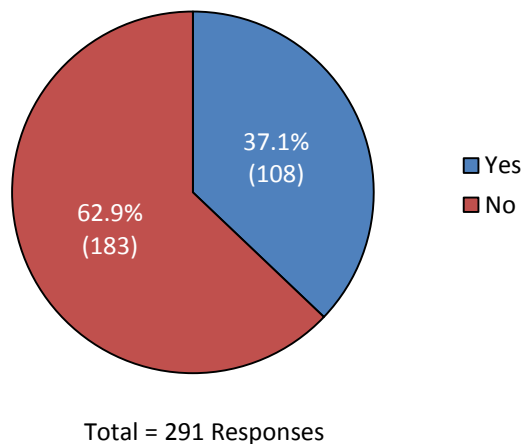
**Figure 2. Geographic Distribution of Respondents**



### ***MCH Block Grant Review Status***

Respondents were asked whether they had ever read the Kansas MCH Block Grant. Figure 3 shows the MCH Block Grant Review Status. Only one-third of respondents had read the grant.

**Figure 3. MCH Block Grant Review Status**



## ***Key Findings***

Kansas Title V MCH Program serves specific maternal and child populations.

They are:

- Reproductive age women (15-44 years of age)
- Pregnant adolescents and women, newborn and infants (birth to 1 year of age)
- Young children (1-5 years of age)
- School age children (6-12 years of age)
- Youth and adolescents (13-18 years of age)
- Children with special Health care needs (birth to 12 years of age)
- Youth with special health care needs (13-26 years of age).

All respondents expressed overall support for prevention-related services.

The following common/overarching/recurring issues were identified in the comments of the target populations served:

- Adequate and appropriate nutrition/obesity prevention including childhood obesity
- Assistance to families with newborns
- Breastfeeding education and support
- Developmental screening and early identification services
- Immunization education and support
- Mental health screening and services
- Oral health
- Parenting education and support services
- Strong adolescent health education and services
- Support for access to and utilization of reproductive health services
- Support infrastructure for health care system
- Supports for families who have a child or youth with special health care needs

It was suggested the MCH programs continue to find ways to make greater use of technology to provide:

- Health education and support services
- Improve access to and utilization of health care system in rural areas
- Improve health literacy of families
- Encourage public/private partnerships between existing programs and services
- Support advocacy for policies to improve public health

Detailed survey responses are included as Appendix B.

## **Future Plan**

The BFH plans to use the input and comments to inform state direction and Title V MCH activities such as providing a foundation for the statewide needs assessment, bringing together all system providers to support movement toward integrated services and comprehensive approach to care. Internally, regular MCH coordination/working meetings will be held beginning September 2013 to ensure all program and epidemiologist staff have the forum to communicate updates, develop plans/activities, and monitor progress related to Title V, especially the Block Grant measures/indicators and needs assessment priorities. New activities, collaboratives, councils, coordination, and communication are the keys to success with reaching goals and creating movement toward collectively improving outcomes. Potential agenda items include:

- MCH Epidemiology projects
- Coordination with other bureaus in the Division of Public Health and the Division of Health Care Finance (Medicaid)
- Continuous improvement of public comment and input
- Increasing and improving communication with local health departments and other MCH partners

For next year's application, MCH plans to post the final version of the 2014 application and 2012 annual report on the Title V MCH website following a federal agency review in August, 2013. The MCH programs will monitor for public comment and inquiry throughout the year. MCH staff will review on a routine basis and incorporate into the next year's application.

## **Appendix A: Kansas Maternal and Child Health Partners**

- Birth Centers
- Cerebral Palsy Research Foundation
- Children's Alliance
- Families Together
- Family Advisory Council
- High 5 for Mom and Baby
- Kansas Action for Children
- Kansas Breastfeeding Coalition
- Kansas Chapter of American Academy of Pediatrics
- Kansas Chapter of Family Physicians
- Kansas Children's Service League
- Kansas Department for Children and Families
- Kansas Foundation for Medical Care
- Kansas Health Foundation
- Kansas Maternal & Child Health Council members
- Kansas Perinatal Quality Collaborative members
- Kansas Public Health Leadership Institute and Core Public Health Programs
- Kansas University Medical Center/Kansas University
- KDHE Department of Public Health Directors/staff
- KIDS Network
- Local Health Department Administrators
- Managed care organizations
- March of Dimes
- MCH grantees/representatives
- Mother & Child Health Coalition of Greater Kansas City
- Newborn Hearing Advisory
- Newborn Screening Advisory
- Nutrition Physical Activity Collaborative
- School nurses
- State Children's Institutions
- Sunflower Foundation
- Teen Pregnancy Targeted Case Management and Pregnancy Maintenance Initiative grantees
- The Blue Ribbon Panel on Infant Mortality
- United Methodist Health Ministry Fund
- WIC Advisory Committee
- WIC grantees/representatives
- Youth Advisory Council



## Appendix B: Detailed Survey Responses

1. What is your role? Please check ALL that apply.

Response	Percent	Count
Parent of child with special health care needs	7.8%	22
Other parent or consumer of local health services and programs for pregnant women, infants, children, or youth	13.8%	39
A member of advisory council or coalition	17.4%	49
Local/regional/multi health department employee	42.9%	121
State health department employee (Kansas Department of Health and Environment)	7.4%	21
Other state agency employee	9.9%	28
Health care provider (e.g., hospital employee, family practitioner, pediatrician, speech therapist, audiologist, ENT, nurse)	32.6%	92
Community service provider (e.g., tiny-k Early Intervention, Early Head Start, Parents As Teachers)	9.9%	28
Insurance or managed care organization employee	0.7%	2
Elected official	5.0%	14
Other (please specify) Volunteer mother-to-mother breastfeeding counselor (La Leche League) PTI/F2F Law Enforcement Foundation officer abortion provider, small non-profit organization volunteer Non-profit Executive Director Technical Advisor to KDHE Emergency Aid Agency former school social worker Consultant working with many of the above groups Healthy Start Home Visitor Advocate Staff of Community Mental Health Center Data Analyst- Stroudwater Associates Work in health care- Medical records Director of a hospital School nurse Health philanthropy leader	6.0%	17
<b>answered question</b>		<b>282</b>
<b>skipped question</b>		<b>10</b>

2. In which region of the state do you work or live?

Response	Percent	Count
Northwest	5.9%	17
North Central	8.7%	25
Northeast	41.5%	120
Southwest	11.4%	33
South Central	20.8%	60
Southeast	6.9%	20
Central	4.8%	14
<b>answered question</b>		<b>289</b>
<b>skipped question</b>		<b>3</b>

3. The 2013 Application/2011 Annual Report can be found at: <http://www.kdheks.gov/bfh/index.html>. Have you ever read the Kansas MCH block grant?

Response	Percent	Count
Yes	37.1%	108
No	62.9%	183
<b>answered question</b>		<b>291</b>
<b>skipped question</b>		<b>1</b>

### Major and Emerging Health Concerns and Unmet Needs

The Kansas Title V Maternal and Child Health (MCH) Program serves specific maternal and child populations. For each of the following populations for which you have experience, what do you think are: a) the major or emerging health concerns; b) the essential (or primary) health needs that are not being met

4. Reproductive Age Women (15 - 44 years of age)

Response	Count
	142
<b>answered question</b>	<b>142</b>
<b>skipped question</b>	<b>150</b>

Response Text
getting the care that they need to prevent pregnancy, and then once pregnant, getting care
Access to health care for women in rural areas Knowledge about services available
reproductive health needs
a) development, supportive parenting practices b) maternal depression, domestic violence, other social determinants that contribute to poor health outcomes for

children and families
a) Obesity; Use of drugs, tobacco, and alcohol; Domestic Violence; mental health issues; STDs; risky behaviors including use of cell phones/texting and driving. b) Oral Health; Smoking Cessation; and mental health services. In addition Housing, Child Care, and Transportation needs are critical to address.
Access to care. (lack of transportation)
A. STIs, knowledge of birth control & effective use
An essential element missing that directly impacts health is education on parenting and nutrition. Women (and men) need education on properly nourishing a child and how those needs change as they grow. They need to know how to soothe a screaming baby while keeping themselves cool headed. There are too many deaths of babies and young children because their care-giver did not know how to properly handle the stressors of parenting.
Need for good maternal health/preconception health. Many in child bearing years do not access adequate health care for lack of insurance, high cost of health care, high cost of healthy foods, vitamins, etc. Unhealthy women lead to unhealthy/premature babies.
Visible community support for breastfeeding to normalize breastfeeding. Women of childbearing age need to have discussions about breastfeeding during their regular health care provider appointments. In addition, workplace lactation support programs need to be communicated to all employees so women know prior to conception that breastfeeding and returning to work is supported.
a) Not taking precautions for STD & having sex with multiple partners, obesity, hygiene & lack of dental care. b) Lack of responsibility for ones actions and their effects on individual health.
Easy access to health care for the uninsured.
nutrition, and lack of education on child development and parenting skills
Family prevention focus, for ALL families through HEALTH/MENTAL HEALTH.
a. Health Concerns: The unknown with the Affordable Care Act. If the State doesn't expand Medicaid there may be some that fall through the cracks of the system. b. Unmet health needs. Affordable dental care for adults.
I didn't have any trouble getting my health care needs met.
Major or emerging health concerns = African American premature birth rate Additional education on prevention
Access to care no insurance or underinsured cultural competence lack of life course perspective contraception
Poor health and nutrition; obesity!
a) STDs and transmission of those b) treatments for people needing colposcopy
1. Women aren't getting Annual Health Screenings (Paps, STI testing for those at risk, Mammograms, etc.) 2. Obesity 3. Large population of smokers 4. Large population of illicit drug use and abuse of prescription drug usage. Needs: Patients to realize the importance of screenings, good health, etc.
The lack of preconception education
failure to use reliable contraception, exposure to STI's
a) Keeping up with the demand of quality educated healthcare professionals. From doctors educated in all healthcare specialties as well as in ob gyn and pediatrics. b) same as answer a.
The numbers of premature/ preterm babies being born, The accessibility to good, affordable health care to low income. (afterhours) Not meaning going to the ER for services. The lack of information to mothers about how important, nurturing, efficient and cost effective breast feeding is.
Lower income clients needing care Health departments need assistance with providing a wider range of birth control options.

All areas have adequate resources for this group. It appears that it is choice whether to utilize. Some agencies need to be more involved and not depend on this group always coming to the agency and not going out amongst the population.
Establishing a medical home Uninsured
Prenatal Care, Breastfeeding Support, Food Security, Birth Control
GED programs job skill so they can get a better job affordable dental care
Access to dental care/dental insurance.
for women in that group I think it is lack of health insurance
Having family planning methods available. education of the risk of having closely spaced pregnancies Important of Folic acid supplements
a. obesity b. lack of insurance causes an absence of primary care services
Obesity Dental Health Mental Health Drug/alcohol/smoking abuse
No low cost services in a reasonable travel area for conditions that require additional screening or treatment for follow-up from Family Planning exams - colposcopy, mammograms, etc.
a. Gaps between private health insurance that parents hold and can afford (typically they pay a percentage of the total premium and they may not be able to afford to put their children on) and what Medicaid covers with the children when private insurance does not cover their children. b. Better school and Daycare services that will inhibit disease spreading. It is well known that schools and Daycares spread influenza, lice, chicken pox, et cetera, and that then parents will get sick from their kids. When parents have to take time off for sickness, either to take their kids to doctors, or time off for themselves, is a financial blow. For example, ways to auto-clean schools and Daycare might be some kind of hospital-like UV lights at nights, less humidity to dry out wet bacteria snot wipes, low level ozone (but that aggravates asthma), UV lights in air conditioning, electrostatic air filters, hand cleaning stations (wipes, sanitizer foams), required antibacterial rug/floor cleaners. A snotty nose is known to culture viruses and bacterial. Teach children and parents to clean their noses by snuffing water or other solutions to clear mucus. Maybe have LPN associated with a Daycare or School so they can easily get their lice treatment, or antibiotic, antiviral meds, or immunizations at low cost.
I feel that we need more education on sexual health. We also have a large population of teen pregnancies and these children have very little support at home. I find we need things like mother to mother ministries, child care due to most teens in our program feel they have to drop out of school because no one can babysit. Need more support with breastfeeding moms have very few programs or support groups that will support breastfeeding mom's in our community.
Affordable services such as community health clinics that have a sliding scale fee and that offer services the local health department does not offer.
access to health care across the whole community Screening women for STDs
obesity, drug and alcohol usage, chronic disease (e.g. diabetes) limited number of providers accepting Medicaid; large number of women still uninsured integrated care -- women connected to dental and mental health services -- care still very much in silos acceptance of teenage pregnancy as the norm easy access to family planning
Access to care (Some services are available here in our county, but women don't either know about services or have skewed perceptions of the services available). Also, our childbearing women have to go out of the county at least 30 miles to the nearest provider qualified to deliver babies.
obesity, physical inactivity
a) Obesity a) Lack of exercise a) Tobacco use b) Dental Health

b) Folic Acid supplementation
Taking Prenatal Vitamins
Obesity
access to birth control that is affordable, parenting education, breastfeeding education, emergency birth control, domestic violence, unstable home life, access to dental care
Increased awareness of why the PAP is so important
a. STD's and unplanned pregnancy b. family planning
STI's, effective birth control that will be used correctly HPV vaccination
a. Obesity/poor nutritional status, poor dental hygiene/health, unplanned pregnancies b. Lack of dentists who will accept payment from KanCare. Lack of planning for healthy pregnancies. Need more widespread information about the importance good health status before pregnancy--Most women are not taking vitamins/folic acid before becoming pregnant
dental services; mental health services; lack of insurance and/or Medicaid providers; obesity and diabetes
Dental (no Medicaid dentists in the county) Mental (limited resources in our area) Sexual health education & Delay of sexual activity education Education on how the body works (menstrual cycle etc.)
Access to affordable, quality health care, including physical, dental and mental health. There exists both a shortage of providers willing/able to take Medicaid and a shortage of providers in certain, primarily rural areas of the state. Mental health care concerns are of particular importance to this population and without quality health insurance, recognizing the need for MI/MH services and finding quality providers is difficult.
safe access to information regarding reproductive health including contraception
Mentoring to women who are raising their children there is not enough resources offered. Some of the issues are Discipline, setting boundaries, family unit not stable, mothering skills, nutrition and health lack of knowledge and motivation. Mothers do not know how to interact with their children. Leaving their children in car seats and not holding or nurturing child.
Sexually transmitted disease, unplanned pregnancies, obesity (growing problem), Healthy relationships (not being in)
a) The major or emerging health concerns Mental health support and access to care. b) The essential (or primary) health needs that are not being met Accident prevention and preventative care. Education to families supporting these children.
Unprotected sexual activity among teens. Sexual solicitation among teens.
Reproductive health needs, e.g.: birth control, pregnancy prevention, prenatal care, nourishment and health care during and after pregnancy. Education about the effects of substances on the developing fetus, and the importance of adequate nutrition during pregnancy and breastfeeding.
Obesity, STD's, Teen pregnancy, alcohol/drug use during pregnancy
induction of labor & prenatal care
a. Repeat teen pregnancy and STD contacts. b. Money for health care in order to get screenings like Paps or mammograms. Close availability for no insurance individuals needing specialized testing.
a. preconception care b. comprehensive reproductive health
Family Planning is essential. The county is contemplating stopping this program due to the cost to the county.
a) preconceptional health including preconceptional genetic testing. b) Kansas has less than 10 genetic professionals statewide and only three that practice in prenatal/women's care. Physicians cannot keep pace with the changes in genetic testing available to assist individuals and couples in making reproductive choices.
a) pre/post natal care b) Preventative health maintenance

Information and counseling for pre-menopausal women, this topic is very rarely touched on. With so many women going through early menopause, by either surgical or hormone changes. More opportunities and funding for long term reversible birth control options. With the limited funding offered thru Title X programs, there are only a few options available
Availability of birth control and reproductive freedom. Without these, we will be back in the early 60s where young women resorted to methods that could be life threatening.
Availability and access to contraception Brain Health resources
Prenatal care among Hispanic women
wellness checks- not getting and keeping up with health concerns
Major health concerns at this age would be a lot of them do not have health insurance. HPV is common in this age group. A lot of individuals that we see at this age group do not have a primary physician and do not follow up when advised.
teen pregnancy, obesity, drug use, STDs, mental health Education on self-care; importance of preventative health, risk behavior
Domestic Violence Under Reporting and related physical and psychological trauma Contraceptive use and options Alternatives to abortions such as adoption
Helping them understand what their screening needs are birth control for adolescents STI prevention
No major health concerns observed for this age group.
a) Access to affordable care for those who are uninsured, specifically immigrant women (documented and undocumented); refugee women, and homeless women (including victims of domestic violence and human trafficking). b) pre-natal care for pregnant women, while for immigrant and homeless women basic preventive health care, including mental health and dental care
Prenatal care for uninsured or non-English speaking women. Easy access to birth control.
A) Obesity B) Obesity
Lack of health care.
Accurate information about, and assistance with, breastfeeding to be sure that each woman can achieve her breastfeeding goals. Reproductive options -- access to midwifery care, delivery options in birth center, hospital or home. Family planning -- choice of methods, including emergency contraception and, as a last resort, safe abortion. Nutrition education -- all ages.
Lack of available and affordable family planning services in Miami, Linn and other eastern Kansas rural counties. Lack of support or assistance/ direction for health departments to help them maintain services in this current political and economic climate.
Accessible, affordable yearly exams and birth control.
Alternative women's clinics-outside of OBGYN.
Preconception health and natural family planning options are rarely discussed
Access to quality primary care.
Access to care Nutritional services Toxic stress
We are not teaching how to be good parents, especially about bonding, attachment, and responsiveness to babies as the foundations of personality, motivation, mental health, and learning; Nor are we teaching about the developmental origins of health and disease.
Access to health care--this age group is often under or not insured; Education and screening for abuse; STDs and prevention Pregnancy education and prevention is needed Blood pressure screening; depression screening

<p>Clients' knowledge of ACA  Coverage for undocumented a  Number of pregnant women showing up in local hospitals with late or no prenatal care.  Lack of awareness of local medical providers of all of the above issues.</p>
<p>No stability at home  Not being parented</p>
<p>infant mortality</p>
<p>a) no health insurance  b) preventive care</p>
<p>Adequate Health care for infant delivery in rural areas</p>
<p>a) Access to care; protection against VPD (vaccine preventable diseases);  b) STD concerns</p>
<p>a) Fibroids  b) Reproductive life planning</p>
<p>affordable healthcare for women who do not qualify for the medical card and cannot afford health insurance, if not covered under an employer policy</p>
<p>a) The major or emerging health concerns  1. Unintended pregnancy/access to contraception  2. Sexually transmitted disease, including HPV  b) the essential (or primary) health needs that are not being met  1. Universal access to contraception and family planning services  2. under-immunized with HPV vaccine</p>
<p>Access to regular healthcare, including preventive well-women care and affordable birth control options.</p>
<p>access to birth control</p>
<p>Unintended pregnancies  Human trafficking  Lack of knowledge about reproductive health</p>
<p>More opportunities and options for birth control programs in the rural setting.  mental health screening</p>
<p>a) Obesity is a well-known problem I find that in our area many of the women who are obese do not find concern in this and unfortunately do not want to change lifestyle.  b) Unplanned Pregnancy- So often in our area we have women who come to our office already pregnant yet totally unprepared. Often they are not using any form of birth control (not because it isn't available, but because they only had access to unreliable methods. We are only able to provide pills, dpma, condoms, and occasionally the patch or ring. I advocate for my patients to use LARC's, but my advocacy and their wishes for that type of contraception does not mean that they will get it. Many of the ob/gyn's in this area are VERY far behind the curve and choose not to follow the newer less restrictive guidelines with regard to use of LARC's like Mirena or Nexplanon. This is not a matter of cost, I see the same practice with patients regardless of payer source.  c) Many of these women choose to "not use anything" and if they get pregnant that is fine. The problem is that they are completely out of touch with the responsibilities that are ahead once they have a child. Sometimes they are blind to the complications that arise when having children with multiple men. We feel that so much of this behavior is related to low levels of self-respect and low levels or poor education regarding a reproductive plan. I also see HUGE amounts of misinformation regarding reproductive/contraception practices. This ranges from plan b or IUD's being abortion to what ovulation is. I think EDUCATION, EDUCATION, EDUCATION is the key for these individuals.  d) Education and access to better/more progressive reproductive care practices.</p>
<p>A shortage of doctors and services in rural areas. More and more places are having the doctors leave providing no services for those clients.</p>
<p>a) tobacco use (smokeless/new products), obesity, oral diseases, mental health, prescription drug abuse  b) access to care, integrated health care delivery systems (patient centered health homes), mental health services, chronic disease screening (heart disease, stroke, cancers, diabetes), mental health, diabetes prevention</p>
<p>Unplanned/unwanted pregnancy  Depression, postpartum depression  Lack of knowledge re: child development</p>
<p>well woman and preventive care  access to needed care and interventions</p>

a) Access to well women checkups for those without insurance, access to prenatal care for those with disabilities and no health insurance
b) access to doctors who will take Medicaid patients
Obesity and it's impact on fertility and pregnancy outcomes
Alcohol and tobacco usage in reproductive aged women who might become pregnant - many say they will stop "once" pregnant, but this leads to early pregnancy exposures
Financial ability to pay or insurance coverage available for immigrants. OBGYN timely services available for immigrants or uninsured clients. Variety of Medical services needed that contract with state MCO's in southwest Kansas.
a and b) HIV and other STD's - education and TESTING!
STD education
pre-natal checks
Pregnancy prevention for teens
Major health concerns would be obesity that may affect a women's ability to have children as well as many other health concerns. Needs not being met would be some do not see doctors early in pregnancy and they are not preparing their bodies a head of time to become pregnant.
Teen Pregnancy
Dental Care
Lack of services for problem youth (adolescents) leading to increased juvenile offences.
Cost of health care for self
Consistent access to physicians
a. meeting their birth control needs affordably
b. ?
Access to primary and specialty care
a) smoking
b) reproductive care
Education for women.
There are not many OBGYNs in McPherson County to meet the needs of this population. Many go to Salina or Newton to receive care.
Cost of Health care for all categories listed and covered benefits
Access to care, especially prenatal care during first trimester
Pre-conception health
Reduction of smoking
Reduction of obesity
Although family planning services and contraceptives are available, teens and women of reproductive age do not use the services available to them. Of mothers who use our facility's other services, 71% have had their children out of wedlock. mental health
a- smoking and obesity
b- pre-conceptual counseling including genetic
postpartum depression screening
Breastfeeding initiation and duration
Post- partum depression
Adequate prenatal care
a) Birth control, obesity, smoking/drug use, preventive healthcare, chronic diseases
b) Education with understanding on reproductive health; options, nutrition; healthy foods and proper preparation for best method to gain most benefit, effects of drug use to individual and family members, routine checkups of total health system to identify and treat chronic problems.
Homelessness
Jobs
family planning
a) affordability of health care if not pregnant
b) basic well woman care
Those without insurance or the ability to obtain insurance do not get the medical care they need.
teen pregnancy
patients/families living in poverty



a) STDs
b) Basic education about reproductive health.
a) Hygiene basic care, dental care & healthy diet
b) same as above
Quality Providers/Doctors to evaluate, assess, monitor and prescribe wellness and medical concerns/issues of women.
Essential health needs not being met:
Birth control
Education on women's issue from a trusted provider
Access to affordable and quality preventative treatment
a health insurance coverage
b primary care access
Receiving information against all hormonal contraceptives from some church related teachers
Access to preventative well women services
We work hard to educate our females, the cost to the county makes it hard to maintain title X

## 5. Pregnant Adolescents and Women

Response	Count
	145
<b>answered question</b>	<b>145</b>
<b>skipped question</b>	<b>147</b>

Response Text
getting adequate medical care, insurance issues
Prenatal care access
pregnancy prevention
sexual disease prevention
a) & b) access to affordable pre-natal care resources, high-quality childcare options
a) Lack of early prenatal care; obesity and poor nutrition.
b) Awareness about available resources; greater awareness about impact of planned early deliveries.
Education on health care.
Accessing health appropriately
A. Same as above. Increasing knowledge of breastfeeding.
B. Hospitals need to work toward becoming baby-friendly.
Parenting education, as mentioned in #4.
Access to adequate health care at reasonable cost. Healthcare data needs to be collected across state and
Access to quality prenatal breastfeeding education that is evidence based and presented in an adult-learning style that allows for discussion, practice and integration of new skills.
a) Pregnancy outside of marriage without financial resources to care for self & infant/children. Smoking during pregnancy.
b) Limited prenatal care due to Ellsworth does not offer prenatal care ( one OB Gyn does have a satellite office in Ellsworth). Ellsworth county falls outside of the boundary for services from Salina Family Healthcare Center.
Same as above
education in child care and poor prenatal care
local child birth classes and parenting classes
Access and services for pregnant moms and continuing after birth of their child to focus on whole person- including mental health and prevention.
a. Health Concerns. Not receiving prenatal soon enough or consistently.
b. Unmet Health Needs. Transportation. Not exactly a health need but the lack of transportation in some areas of our county means missed doctor visits.
More discussion on prevention
Access to prevention methods

<p>prenatal care  access to care  first trimester prenatal care  lack of life course perspective  interconception care  prenatal education  cultural competence  no insurance/underinsured  genetic testing/counseling</p>
<p>single moms  mental health and drug issues  again poor nutrition and health, stress</p>
<p>a) number of teens getting pregnant and also prenatal care for women with diabetes or other high risk conditions  b) appropriate follow up and education for women who get gestational diabetes</p>
<p>1. Not getting adequate prenatal care: Either no prenatal care prior to delivery or only a few appointments prior to delivery (especially those that are low income/Medicaid)  2. Illicit drug and prescription drug usage in pregnancy is  3. Obesity  4. Smoking  Needs:  Mental health resources for inpatient and outpatient drug rehab. There are none in this area. Most would have to go an hour away in Missouri or 2 hours to Wichita. Most of our patients that need rehab don't have the resources (vehicle, money, etc.) to get to rehab and therefore don't go.</p>
<p>Wraparound services such as state and federal Healthy Start</p>
<p>closely spaced repeat pregnancies</p>
<p>a) Keeping up with the demand of quality educated healthcare professionals. From doctors educated in all healthcare specialties as well as in ob gyn and pediatrics.  b) same as answer a.</p>
<p>Same as above.  Free breast cancer screenings for all women</p>
<p>Lower income clients needing care  Education in the homes. The need for better funding to allow RNs to go into the home.</p>
<p>School settings are preferred. Again agencies depend too much on the client coming to them. Flyers being mailed or send home in backpacks are a joke to the funding and non-effective.</p>
<p>Access to Prenatal Care without having up front money or insurance</p>
<p>Prenatal Care, Breastfeeding Support, Food Security</p>
<p>We don't have lamaze classes that are close  need parenting classes  women need to be empowered to make better choices about being PG without a partner to help them  need to know how to cook  how to budget their money  dental care</p>
<p>Prenatal care for those who do not have insurance.  Lack of public transportation to get to prenatal appointments.  In the MCH program there is lack of incentives to get clients to come to appointments. We also struggle with getting clients to allow our HSHVs into their homes.</p>
<p>Dental care should be expanded</p>
<p>More support for breastfeeding--in the way of breastfeeding clinics in health depts</p>
<p>Accessing health care - especially of no health insurance  Preparing woman for what to expect with breastfeeding</p>
<p>a. Access to early prenatal care is difficult in uninsured pregnant women who do not qualify for Medicaid.</p>

Obesity Dental Health Mental Health Access to low cost prenatal care Domestic Violence drugs/alcohol/smoking abuse
We do not have OB/GYN services in our community -neither of the local hospitals are birthing hospitals. This sometimes delays prenatal care and follow-up care.
a. Access to better birth control, and IUD's since abortion is being taken away in Kansas. b. Better sex education, and better self-esteem in school curriculum. No, you don't have to get pregnant to be a real woman. Same with guys.
Mental health concerns for new mom's. Same issues as above more education on breastfeeding as well as support in our communities.
Lack of child birth classes that are affordable and lack of parenting classes. Health care providers that do not support a breastfeeding friendly hospital and/or give out misinformation about breastfeeding. Lack of health care providers that will see a pregnant woman prior to receiving her KanCare insurance approval and not charge \$500 up front.
proper nutrition access to care education on parenting and ADL
lack of coordinated care; greater need for REAL case management lack of culturally competent care for target population limited resources for a high-need population; Medicaid system too confusing lack of basic needs being met; increased homelessness low education levels; lack of understanding of importance of prenatal care limited access to WIC services; many going without
Same as above.
Major problem we see here is PG adolescent women.
obesity, excessive weight gain during pregnancy, tobacco use
a) Amount of appropriate weight gain based on pre-pregnancy weight is not known by women
No Prenatal Care Tobacco Use
education (parenting, prenatal and breastfeeding)
Better birth control information on viable options
a. poor prenatal care b. prenatal education
prenatal education, from WIC to provider's office
a. Teenage pregnancies are becoming more "acceptable" in the eyes of their peers. Need more ways of reaching this population with information that is on "their level" Facebook, etc. See above b. KDHE and local HD's would benefit from a more comprehensive partnership with the Kansas Board of Education and local USD's. (to be able to make a collaborative effort to reach more children/teens BEFORE they make the decision to have sexual encounters)
Lack of health literacy - understanding what the doctor tells them during the visit. Dental Care - Dental Hygiene
Same as above; extended mental health services; lack of services/coverage for postpartum depression
Access to early prenatal care. Some physicians will not take an OB until they have a medical card. Limited funds to support breastfeeding and duration of breastfeeding Limited funds to support home visitors (only works 1 day week)
Not sure. I see the primary health needs of this population as being more fully addressed than other populations.
safe, affordable access to the full range of care needed including safe access to abortion for medical issues
Teens need self-confidence and self-esteem, need help with spacing second child, have goals, need to have someone care about them instead of just their body. Changes in own life style that are positive so they can raise their children in a positive way. Mental health interventions due to their own neglect from their parents. Teens are seeking love from the

child.
early prenatal care, getting medical cards quickly for pregnant women who qualify, more access to follow up care for low income women that need further follow-up after abnormal pap smears.
a) the major or emerging health concerns Obesity, risk behaviors, and access to care b) the essential (or primary) health needs that are not being met Preventative care access, primary care access, and QUALITY care provider systems for these moms.
Inadequate diet, lack of healthy food education. Healthcare needs not always being met.
education about reproductive health needs, e.g.: birth control, pregnancy prevention, prenatal care, nourishment and health care during and after pregnancy. Education about the effects of substances on the developing fetus, and the importance of adequate nutrition during pregnancy and breastfeeding.
Teen pregnancy, Alcohol/drug use during pregnancy
a. Limited resources for healthcare providers. b. prenatal education
a. early prenatal care b. comprehensive reproductive health
I have seen a woman with a positive pregnancy and trouble with a previous pregnancy get denied health coverage because she and her boyfriend "make too much money". She has no coverage otherwise. So she could not get prenatal care with the previous pregnancy and eventually lost her twins at 23 weeks. Then I have seen perfectly healthy people, not pregnant, get a card just because they could not find work!
Adequate education on prenatal care, access to the vitamin supplements needed if they can't afford them, education on proper nutrition, smoking cessation, alcohol cessation.
a) Again, prenatal testing for birth defects is emerging as one of the fastest growing areas of prenatal care. b) without professionals in this area, women are receiving varied, limited and often misconstrued information regarding this testing.
a) Healthy pregnancy b) Preparing for healthy pregnancy
a) mental health issues b) Access to dental care and mental health treatment
Support groups teaching parenting skills and basic newborn & infant care, in the rural areas, where there is a much higher need
Availability of early pre-natal care. Availability of healthy foods, especially fruits and vegetables.
Access to prenatal care Brain health resources
access to WIC services for pregnant high school students Fatherhood education for adolescent dads
Regular physician visits for healthcare needs due to insurance, feeling as if they do not need any healthcare and that they handle concerns on their own.
Smoking or chewing tobacco is a health concern at this age. Late prenatal care and unplanned pregnancies.
lack of care for the body; smoking/drug use; nutrition; Importance of prenatal care for woman and baby; diet and exercise benefits; effects of drugs/medications on baby/woman
Nutritional and healthcare concerns during pregnancy
undocumented immigrants who are pregnant working poor who are pregnant high teen pregnancy 18-20 year olds
No major concerns
a) access to affordable pre-natal care specifically for immigrant, refugee and homeless teens and women; along with post-delivery care for these women, infants and children (although the child may be covered under the Medicaid program, women in these categories are reluctant to visit a physician or clinic until the child is ready to enter school and must have mandatory immunizations). b) mental health services, dental care and preventive health care (e.g. annual Pap, well-woman exams)
Pre-natal care at the earliest possible phase and continuing through delivery.
Postpartum depression counseling and support groups

A) Plan B over the counter- How safe is that? Who's to say that someone younger than 15 years old will purchase it?
B) STI prevention
lack of prenatal education
Unnecessary Inductions and C-sections Lack of Adequate Breastfeeding Support Too Many Interventions Used in Labor Lack of Information and Education on All of the Unnecessary Interventions Used in Labor Lack of Information on Alternatives to Laboring and Birth in Hospitals Lack of Information on the Positives of Breastfeeding Past One Year
Accurate information about, and assistance with, breastfeeding to be sure that each woman can achieve her breastfeeding goals. Reproductive options -- access to midwifery care, delivery options in birth center, hospital or home. Family planning -- choice of methods, including emergency contraception and, as a last resort, safe abortion. Nutrition education -- all ages.
Difficulty in access to care Providers for pregnancy and birth in Miami, Linn, and Anderson. Counties. There is no where to have a baby in those three counties. There is one healthcare provider in Miami County that attends births 30 miles away in Olathe.
lack of support. postpartum issues(anxiety, depression) undiagnosed. education for options for delivery and education regarding birth and being an active participant.
Not enough natural childbirth options
Access to quality prenatal care. Women who are pregnant do NOT have access to low intervention care...rather they are subjected to HIGH RISK COSTLY Care--esp. the urban core where preterm birth and low infant babies are born. KANCARE does not reimburse well therefore they are few providers.
Early prenatal care Nutrition Education on healthy life styles
Pediatricians and OGBYN providers do not interview or teach prospective or new parents about bonding, attachment, or the new endocrine risks of hormone-like substances in the environment that can shape the developing architecture of various bodily systems in fetuses, infants, and toddlers. They should be using their expertise to help get these parents and children started, and screening parents for depression and other impairments that put their children's development at risk. In addition, the health records of these providers have to be integrated into a longitudinal record of individuals that can follow each one's developmental course from before birth through high school. These longitudinal data bases will help us identify the sources of developmental illnesses like autism and can be used to test much more cost effective preventive interventions rather than the less-effective and expensive remedial approaches we are stuck with now.
Access to adequate prenatal care, especially in rural areas. Many providers in rural areas have stopped providing prenatal/delivery care. Women must then choose to travel for care/delivery. This becomes a hardship for women-due to time/distance and the expense of travel. Access combined with under/not insured often lead to late or no prenatal care and sometimes emergent delivery in rural settings under-prepared for deliveries, especially complicated deliveries.
Bias of local boards of health of above issues
Having the belief that the government will take care of both of them for the rest of their lives
prenatal care and education -
a) no health insurance b) preventive care
Adequate Health care for infant delivery in rural areas
Access to care and medical coverage for needed services
a) Environmental exposures b) Options for terminations of pregnancies
affordable healthcare for women who do not qualify for the medical card and cannot afford health insurance, if not covered under an employer policy
a) the major or emerging health concerns 1. premature delivery 2, prenatal tobacco and alcohol exposure b) the essential (or primary) health needs that are not being met 1. access to prenatal care 2. education (particularly to adolescents) on positive parenting practices

learn how to use birth control to prevent unwanted pregnancies
Lack of knowledge about nutrition in pregnancy Lack of knowledge about the effects of tobacco, drugs, and alcohol in pregnancy
Smaller Health Department are not able to offer the programming and services that a larger Health Department can with more employees. Can we get help through webinars and other IT programs to help educate pregnant adolescents and women. More mental health services are needed in the rural area as well.
All of the above in #4 as well as: Adolescents- Education and more education. In our area many people think that education regarding contraception is equal to promotion of sex. More education is need regarding not only contraception, but also the way the body works. It is insane to me that people of reproductive age are unable to explain to me how ovulation occurs, what is in ejaculate, or how a contraceptive method works. As educators, health care providers, and parents the is a MAJOR failure happening. Bible belt or not the best way to stop abortion and welfare is to prevent unplanned or unprepared pregnancy.  Pregnant Women- In our area I feel that pregnant women need better/more breastfeeding information. Our regional hospital is very bad as far as promoting breastfeeding is concerned. Many moms go to the hospital with plans to breastfeed, but once the baby is delivered they are unsure of what to do and rather than provide them with education or assistance the hospital staff will offer bottles of pacifiers. It is my understanding that they are in the process of making improvements which hopefully will remedy this. The mothers also need to understand that they must be an advocate for themselves and their babies.
Support group for the pregnant adolescents is missing. That age group is shunned or so it seems if they turn up pregnant and not given the support they need. Also the shortages in doctors that handle OB/GYN because of malpractice suits in the rural areas.
Essentially same as above, including need for early prenatal care.
My concern about pregnant adolescents and young adults is: It is evident that unplanned pregnancies continue to occur, and now, I believe that I read, that 1 out of 2 births are to single parents (those without a partner, and/or those in an adversarial relationship with the other parent). Single parenting should be rare. It is very unfair to the health and well being of the child. We (public health) have done a very poor job of educating re the effects of single parenting on children.  It is a difficult topic to address without being perceived as a judgmental moralist. Sensitive topic or not, we (public health) now have the equivalent of an epidemic on our hands. I would prefer we educate PRIOR to pregnancy in a more effective way. We need to share the FACTS that research has uncovered and get a grass roots discussion going. If it is not up to the schools and the majority of parents are uninformed about the facts and or feel incompetent to address it with their own children, I feel that it is the job of public health.
Education, access to early care
Those with disabilities having access to doctors who will take Medicaid patients
Programs for healthy pregnancy behaviors
Education and marketing of health services available locally. Community trust in medical confidentiality in rural areas.
a and b) HIV and STD's - TESTING and education
Some do not see doctors early in pregnancy and they are not preparing their bodies a head of time to become pregnant.
Increase in teen pregnancy in our county Distance to prenatal care uninvolvement of the fathers to their girlfriends and then the infants after birth
Diet, continue WIC, provide educational opportunities at the local community level.
Assistance for adolescents and how to continue education
a. meeting their birth control needs affordably
Smoking Cessation Access to primary and specialty care
a) smoking and poor diet b) prenatal care
Resources and education made available.
There are not many OBGYNs in McPherson County to meet the needs of this population. Many go to Salina or Newton to receive care.

Access to care during first trimester Focus on preconception health Reduction of smoking Reduction of obesity
Premature deliveries
a- drugs of abuse especially narcotic use, overuse of antidepressants instead of counseling b- genetic testing and counseling, behavioral health evaluation and treatment
Rising healthcare costs
parenting support
Same as above
a) smoking/drug use, STDs, proper nutrition, exercise b) proper birth control, STDs transmission to baby at birth
education on pregnancy and care of infants/children
a) if don't qualify for Medicaid or have private insurance being able to afford health care b) prenatal care if doesn't qualify for the above
No insurance, not able to get on state insurance, availability of local physicians for prenatal care. In rural areas driving over 30 miles to get prenatal care.
same as above
a) Undocumented and uninsured women are a great concern in our area. b) These women need basic prenatal care.
a) Importance of eating a healthy diet; no tobacco or alcohol b) same as above same as #4 also
A place in the area that can safely care for high risk pregnancies. (adolescents and older women) The people in this age group have to drive many miles to have adequate care.
a prenatal care b prenatal care
possible shortage of doctors delivering babies in our area
Access to prenatal care
state and federal putting unfunded mandates on local HD we need to help the persons working to better themselves and not keep them off of state insurance if needed

## 6. Newborns and Infants (Birth to 1 year of age)

Response	Count
	131
<b>answered question</b>	<b>131</b>
<b>skipped question</b>	<b>161</b>

Response Text
-Newborn screening
getting adequate care, issuance issues
Coordination of care
Early id and intervention
typical development
immunizations
a) toxic stress b) affordable health care
a) vaccine preventable diseases (Pertussis); low-birth weight; b) greater public awareness about safe sleep; immunizations; all babies should have breast milk;
Immunization and Nutrition

A. Overcoming misinformation about vaccines, teaching parents about infant cues rather than assuming that because the baby is crying he/she is hungry and plop a bottle in his/her mouth.
Support for exclusive breastfeeding through: improved maternity care while in the hospital; knowledgeable health care provider support; access to peer support; access to breast pumps and other breastfeeding aids; support from employers for mothers returning to work; improved child card support for the breastfed infant; improved community support for public breastfeeding. There are many gaps across the state in these areas.
a) Initiation & continuation of breast feeding for 6 months falls below desired goals. b) Nutritional needs not being met.
Parents who refuse vaccines - need more statewide public education - TV radio - positive reasons why to vaccinate!
babies born to single mom's with lack of support from two parents support groups for multiples
a. Health Concerns. Parents not having the education or skills sets to provide the best environment and foundation for good outcomes. Perhaps I am somewhat jaded but we often encounter parents who don't want to change for the better of the child. When the baby and clothing smells of cigarette smoke when they are in our office I assume their home environment isn't great. The parents addiction to smoking seems priority to the needs of the infant.
Breast feeding support
safe sleep low birth weight prematurity infection
I believe needs for this age range is being met.
a) need to increase numbers of infants who are breastfed b) more Baby Friendly hospitals in Kansas to help women initiate breastfeeding in the hospital and affordable support for those mothers once they leave the hospital.
1. Parents smoking around children and children experiencing the side effects (increased respiratory issues, asthma, etc.)
Lack of providers Providers need to understand where the families are at and how their recommendation affect the family Health literacy of the parent Better patient/provider communication
Wraparound services such as state and federal Healthy Start
Lack of breastfeeding
a) Keeping up with the demand of quality educated healthcare professionals. From doctors educated in all healthcare specialties as well as in ob gyn and pediatrics. b) same as answer a.
Breastfeeding issues More IBCLC services.
Peer connection and support groups would be helpful. Instead of trying to force an textbook approach to finding a solution, actually going out to the masses seems to be a more practical solution. Save Postage and paper.
Preterm infants Uneducated Parents
Breastfeeding Support. Parent understanding of baby behavior.
parenting classes good day care for moms who work
Lack of parenting skills for new moms. Breastfeeding education. We have a high no show rate for our M&I appointments. It's a struggle to get clients to allow our HSHVs into their homes.
community based centers for helping children with special needs, and good quality childcare at an affordable price
Good support for breastfeeding dyads
b. Delayed or absent immunizations. Parents lack the knowledge of the importance of timely immunizations.
No specialized pediatric care available in the community.
Have no contact.
We need Pediatrician's or family practice that will take infants. Pedestrians are overwhelmed and over crowded parents can't find a doctor to see child when sick. So they use our ER system for Doctor's office.



Unsafe sleeping environments Falls
Providers that lack an understanding of breastfeeding and tell new moms to give formula. Lack of parenting classes on how to care for your newborn.
nutrient Home visits from community health screening for growth and development
basic needs not being met parenting skills limited; existing programs piecemeal and lots of duplication, redundancy increasing number of single parent homes; inconsistent and unstable environments limited access to WIC services; no coordination with medical home
We don't have pediatricians in our county, especially those with special needs, like ADHD, etc. There are providers available to deal with the children with serious mental issues, but really no medical provider with specialty in this area.
breastfeeding duration
a) Breast pump use; especially since pumps are available in the affordable care act...women need to know how to use them appropriately so as to not diminish their milk supply - just not be handed a pump. Safety comes into play here also - that they fit appropriately.
Few Babies being Breastfed
help with childcare, breastfeeding, parenting
Importance of Breast Milk and more employers making space for this to happen at work so breastfeeding is supported
a. safety and nutrition b. safety education
normal infant hunger cues, benefits of breastfeeding for babies and mothers
a. Early introduction of foods for infants--local MD's still recommending infant cereal at 4 months. Parents of infants delaying/separating or refusing immunizations Poor breastfeeding rates b. information and support given to parents are incomplete or incorrect. Need to have all health care professionals giving same information.
Understanding the importance of KBH and immunization.
immunizations for those uninsured; well child checkups
Early childhood education
Not sure.
well child support - education to parents - safe and adequate care
Car seat babies, no tummy time, lack of affect, lack of nurturing, fed well and appropriately Propping the bottle, well child checks, distracted parents on cell phone , immunizations not given, educated parents getting misleading vaccination information from the internet and not appropriately vaccinating children.
Addressing immunizations with parents and the importance of maintaining the current schedule, reasons for vaccinations more in the media--the anti-vaccine movement is doing a better job with media and advertising, newborn check ups.
a) the major or emerging health concerns Safety for newborns in their home, access to support. b) the essential (or primary) health needs that are not being met Primary care access, education to families caring for these newborns.
Healthcare need not always being available. Improper child restraints in vehicles.
perinatal screening for metabolic disorders, hearing, vision, and developmental delays, if risk factors for possible delays are present. Adequate nutrition and parent/ caregiver support, to get the infant off to the most positive start possible. Support and guidance about typical child development for new parents, so they know what to look for in their child's development. Adequate financial support for early intervention programs and services, so that developmental support is available for children and families who need it.
Post-Partum depression, maternal/paternal attachment and bonding
a. breastfeeding benefits, no continuation of long term breastfeeding. b. immunizations
a. complications from mother not seeking early prenatal care. b. maternal education
a) Newborn screening for genetic disorders. b)currently Kansas has no dedicated pediatric geneticist to care for these

children or any children with genetic disorders.
a) Premature birth b) preventing premature birth and early intervention for developmental delays
Safe Sleep
Better incentives for breastfed infants and families. WIC "rewards" with "Free Formula" - need to make less formula available and ONLY the generic brands. People who do not qualify for WIC, do not purchase the expensive formulas and we ALL know that all formulas are the same. do not allow artificial baby milk companies to get the bid. Many WIC clients continue to BF, but report to WIC agencies that they are full formula. The formula is then sold on various websites. When Local staff report this activity, WIC replies with "we are not a policing agency" Make parents who want their baby on the VERY EXPENSIVE special formulas, see a TRUE pediatric specialist, NOT a quack who puts all infants on Alimentum
Support for families around Brain health
Under vaccination or no vaccination
immunizations and regular physician or healthcare visits.
Have a few newborns that have had SIDS in our area. We've stressed SIDS education to all of our mothers. Parents or caretakers that don't believe in immunizations. Caretakers that prop bottles.
proper physical/mental development healthy diets with proper proportions; activity/stimulation
Domestic violence and infant abuse. Maternal neglect Nutritional and healthcare concerns for the mother and newborn.
low birth weight infant mortality
None
In Wichita, the presence of three FQHCs have improved access to health care for children (and adults)
Newborn through 1 year well baby clinic
Education for first time moms prior to discharge on feeding requirements and needs of newborns. Education on emotional needs as well as physical.
A) Nutrition B) Safety
parent support groups
Negative Side Effects Associated with the Lack of Support for Moms with Breastfeeding Up to and Past One Year
Breastfeeding Parental care, which means paid parental leave. Day care is not an adequate substitute for a loving parent.
Heart defect screenings. Heart defect screenings. Heart defect screenings.
support for lactation. cutting funding to breastfeeding educators and lactation consultants.
Breastfeeding needs
Nutrition Safe Sleep information Toxic stress Early brain development
Make sure that all parents have an understanding of the key importance of appropriate responsiveness and language during this age.
primary
Access to care Education and follow up with well-child visits/immunizations. In rural areas, many providers have found it cost effective to have local health departments be the sole providers of immunizations. The local health departments may only provide well-child visits if the parent asks or there is a problem identified--this is due to staffing and other projects taking priority. Rural clinics provide well-child visits, but these are not seen as a priority by parents--unless they have concerns. If parents have to choose, often immunizations are chosen rather than well-child visits--especially if time must be taken from work. Once again--time, distance and expense of travel must figure into the picture in rural areas.
Lack of consistency between local hospitals to assure adequate follow up of uninsured new mothers and their infants (Hep B vaccine, home visits in postpartum period)
No parenting skills

infant mortality
a) parents who are not immunizing their children b) children's diet
infant immunizations
access to care
Affordable health insurance, and the cost of immunizations, for those who don't qualify under the medical card, and cost of insurance is too much for parent to take out family insurance on infant/child
a) the major or emerging health concerns 1. lack of investment in teaching positive parenting leading to "toxic stress" and limitations on health, mental health, and physical development 2. safety (bedding, SIDS prevention) b) the essential (or primary) health needs that are not being met 1. access to good parenting education classes - particularly for those parents in poverty or at high risk for other reasons. 2. broader efforts at education on safety issues (such as bedding and infant death, SIDS, quality childcare)
Access to affordable health insurance, and the provider network for low-income populations.
high infant mortality rate
Lack of knowledge about development Lack of knowledge about nutrition and breastfeeding benefits.
Breastfeeding and Immunizations
a) Unprepared mothers This covers a wide array of issues, from low breastfeeding numbers, to poor feeding practices, to unstable home life. Many times I see mothers who make multiple doctor appointments and stop breastfeeding or switch formula multiple times simply because they are not familiar with how a baby acts. I feel like the new WIC campaign regarding baby behaviors will actually help some of this.  Cigarette Smoke Exposure - Parents voice the understanding of the dangers of smoking around their infants/children yet they continue to smoke around them (or allow others to smoke around them).
a) injury, nutrition, access to care b) breastfeeding, healthy environment (free from exposure to second hand smoke, violence, safe sleep, safe transportation),
Bonding and attachment problems due to lack of knowledge, single parenting, postpartum depression.
Immediate access to care Education for parents Access to great child care
a and b) HIV and STD's - TESTING and education for families
Premature babies so that they get the care they need and just education to parents on different mile stones and how and when to introduce different things during that first year of life. There seems to be a lot of various opinions out there and it is hard for parents to know what is best for their child.
Lack of attention need to the infants and children of teen and young parents. Lack of parenting skills. Did not have it when they grew up and now they have no idea how to parent and care for a child. Neglect of a child health care needs esp. dental
Infants at risk should receive the Denver Developmental screen to identify needed services earlier.
Cost of health care for newborns and children Assistance in getting essentials, such as car seats
Safe Sleep practices
a) low birth weight b) immunizations
Adequate testing at birth.
In McPherson County there is only one program providing free home visitation services for infants. McPherson Family Life Center's Parent Link program. It is only available for first time parents. Since Parents As Teachers is not active anymore, there is definitely a gap in services for that age group. There is a great need for quality child care for infants.
Improved immunization rates Improved community education about Safe Sleep and measures to lower SIDS
Not enough are being breastfed.

a- variation in quality of NICU services across the state
b- breastfeeding support for women in the first week after dismissal
The visibility of the importance of newborn screening
Breastfeeding
education of mothers regarding health care of infants
a) breastfeeding issues/formula cost
No insurance, not able to get on state insurance, availability of local physicians for pediatric care. In rural areas driving over 30 miles to get prenatal care.
improving vaccination rates
education to public about importance of primary care medical homes
a) Lack of maternal support
a) Caregivers giving a bottle every time an infant cries; not realizing that might just need loved, diaper changed etc.
b) same as above
Quality or specialized doctors that can evaluate and care for newborn/infants. Newborn/infants are not just "little people" we are in need of GOOD pediatric care out in this area.
a parental (Mom AND Dad) involvement/engagement
b nutritional needs
shortage of pediatricians taking new patients and Kancare patients in our area
Parents resistance to all needed immunizations

## 7. Young Children (1 - 5 years of age)

Response	Count
	127
<b>answered question</b>	<b>127</b>
<b>skipped question</b>	<b>165</b>

Response Text
-ABA services for young children with autism spectrum disorders
Insurance doesn't want to cover the necessary treatment for many disorders and it will impact these children's lives forever.
*Education on the prevention of toxic stress through the use of positive parenting skills
* Recognition of atypical development and red flags for autism
Seamless service from infant toddler services to services for 3 and older
Early identification of disabilities, particularly autism spectrum disorder
the use of evidence based practices
As above
typical development
dental health
a) increased autism spectrum disorders, social/emotional mental health concerns, obesity
b) developmental surveillance and routine screening, affordable health care
a) poverty and housing issues; limited affordable quality child care options available;
b) Good oral health and access to dental services for all children.
Nutrition and Obesity
A. Physical activity to prevent obesity, information about not giving sugar-laden drinks to young kids.
Continued breastfeeding support and information. Breastfeeding need not stop at one year of age. The World Health Organization recommends breastfeeding until two years of age and beyond if possible.
a) Parents not displaying healthy role models.
b) Essential health needs not being met.

Sad to see lead abatement funds stopped and pushed on locals we have no time or funds to become experts! One expert in the state can do so much for less cost!
Poor funding of child care licensing with many new mandates so loss of local participation in LHD!
more children living in poverty and lack of nutrition
Limited access for early childhood mental health - prevention services for birth to age five...which MUST include parents of these children. there is no state agency with this sole responsibility so this is often overlooked since it is mental health. Mental health is a part of the HEALTH profile and the whole child. There are limited and fragmented services that try to address this area, but it for birth to three or school aged and does not address the child and family. Mental health for children is not always addressed with our mental health provides, nor with our health providers. Home visiting services would be the most likely, but many times families do not receive these services unless they meet some other program requirement such as at risk or poverty. This is a prevention area and needs more STATE focus for our youngest. This cannot be handled by smaller entities that do not have accountability and oversight. Thank you
a. Health Concerns. Good Nutrition, Dental Care, and lack of exercise.
b. Unmet needs. Dental care providers who accept Medicaid
They need to make it a more efficient process to get out of state care for children who can't get the care they need in their state. It has taken us 5 months to get as far as we've gotten and we aren't there yet. We have been fold the process is almost complete.
Early education
poor nutrition and obesity starting
mental health issues due to single parent homes and drug/ETOH abuse in the parents.
a) childhood obesity
b) affordable family centered support for those children that are obese
Same as above
Wraparound services such as state and federal Healthy Start
poor dental hygiene passed from parent to child
Feed oral health care and education to help prevent dental caries
Better access to healthy food sources.
Head lice
Again, sending flyers home in backpacks is a foolish waste of tax payer funds. The enabling attitude of agencies needs to change with more interpersonal relationships. Parents need to be held accountable to provide adequate healthcare. More needs to done to improve parenting skills and real life skills. So many of the programs are silly and not practical. Some agencies spend funding on things many impractical and self-serving. Entirely too much spent on administration staff.
Dental visits and fluoride varnish or fluoridated water
Access to Preschool for children that have working parents of medium income - resources for low income but none for in-between incomes that both parents are working and paying daycare already.
Dental care, health care
parenting classes
Lack of pediatric dentists.
Lack of parenting skills.
good quality pre-school and childcare at an affordable price, with people with training in early childhood, more resources for families that do not qualify for food stamps, and other programs but are just getting by, services that do not discriminate against married parents
safety
Normal eating habits and growth patterns
b. Delayed or absent immunizations. Parents lack the knowledge of the importance of timely immunizations.
No specialized pediatric care available in the community.
Have no contact.
Day Care issues we do not have enough licensed day care in our area so it is hard for parents to find day care when they need to work. They also need more children's activities for this age. Most activities in our area are for children that are at school age. As well as need for doctor's for children this age. With the changes in our Medicaid system some of our Doctors have decided not to take Medicaid so this has really limited what our pediatrician can do. No dentist in the area take Medicaid and allot of our clients don't have the means to travel to another town. I am seeing lots of children of this age with dental decay and no one to see them. Immunizations are also a problem because so many doctors' offices are starting to refuse to do VFC because of the extended amount of paper work for very low pay.

Unintentional poisoning Falls Motor Vehicle Child Occupant protection Drowning
Lack of outdoor and/or physical activity
nutrition early childhood education immunizations screening for disabilities
increased number in foster care; typical custody arrangements foster instability and inconsistency in care with children going between multiple homes immunizations lacking, staggered; limited access (and or unaffordable) in some communities unsafe housing conditions; increased homelessness care coordination poor for special needs/chronically ill children; increasing numbers of special needs children with limited resources ER highly used for care that should be provided in medical homes
Vaccination issues; some parents are now apprehensive in vaccinating their children due to misconceptions or negative experiences of others.
obesity, physical inactivity
a) Overweight and Obesity
Obesity
obesity, dental care, childcare
Importance of nutrition to developing immune and brain functioning
a. safety and nutrition b. safety education
healthy habits start early
a. Children with incomplete immunizations, poor dental health-(using cups/bottles as a comfort measure), obesity/poor nutritional health, lack of physical activities b. Need collaborative effort among health care professional to promote healthy eating and activities.
WE need DENTAL SERVICES - dentist do not get reimbursed for Medicaid in a timely manner so they do not accept children on Medicaid..... Many children with asthma and allergies.
Dental, eating right
immunizations for those uninsured; well child checkups dental
Dental Mental health
Dental Services and Mental Health Services
safe and adequate care - access to medical
Well child checks, immunizations , early childhood interventions, too much TV screen time, beef up daycare. physical activity, safe, supervised, outdoors. Lack of positive discipline, parental stress, consistency. Too much convenience store fast food. Parents do not know how to cook, not enough time, lack of knowledge of foods and cooking. Lack of dental and mental health services, knowledge
Need for exercise, healthy foods and habits, regular physicals
a) the major or emerging health concerns Accident prevention and nutrition support. b) the essential (or primary) health needs that are not being met Preventative and primary care access. Accident prevention. Family education.
Healthcare needs not always being met. Improper child restraints in vehicles
Adequate nutrition for developing minds and bodies. Appropriate developmental screenings to catch developmental delays as early as possible. Support and guidance about typical child development for new parents, so they know what to look for in their child's development. Adequate financial support for early intervention programs and services, so that developmental support is available for children and families who need it.
Social Emotional skill development

a. dental health b. adequate dental care provided to them due to young ages.
a. & b. appropriate screening for developmental delays
a) Safety b) Parenting of this age group
Unintentional Injury Prevention
a) behavioral concerns and social-emotional disorders b) mental health intervention
Do not allow the use of special formulas on children over the age of 12 months unless they have seen a REAL gastroenterologist. The formula companies have convinced a few Drs that ALL babies need to be on Alimentum up to the age of 15 - 18 months. These parents will not even try other types of milk
Brain health and supports to families of young children
Under Immunization or no immunization
immunizations
Parents or caretakers that don't believe in immunizations. Children that don't pass hearing tests due to ear infections.
chronic diseases; obesity; physical/mental/social development with readiness for school entry screenings for chronic disease/condition; mental development testing; physical fitness time; social interaction with other children
Domestic violence and child abuse Speech and language development (identification and treatment of delays and abnormalities)
health insurance navigation immunizations basic health services
Dental Care is a big issue. We have one dentist in the area.
In Wichita, the presence of three FQHCs have improved access to health care for children (and adults)
parental guidance programs that enhance the parent child relationship.
A) Nutrition B) Safety
Unhealthy Family Eating Habits
Breastfeeding Parental care, which means paid parental leave. Day care is not an adequate substitute for a loving parent. Safe child care provided by affectionate caregivers. Good nutrition. Emphasis on free play and hands-on learning opportunities.
Access to acceptable outdoor play areas (playgrounds) as well as neighborhoods with sidewalks to allow more outdoor play.
primarily being raised in day cares as the US does not offer paid maternity leave.
Food Allergies and intolerances on the rise
Early brain development Toxic stress Nutrition Access to care
We are not providing consistently high-quality early education and child care to parents so that they can work efficiently, and where ever employers and the economy need them and best reward them. As a country, we should put much more emphasis on investments in this age--something like provided in the Abcedarian Project--for all children, than say, investments in high salaries for medical and educational administrators, or beautiful buildings on college campuses.
See above... Also, this age group needs early identification of developmental issues--again through appropriate screenings at well-child visits--with early referral and intervention. There is a stress on the special education in the school system, possibly related to the late identification of developmental issues.
Immunizations, establishing a medical home, WIC eligibility
No parenting skills
accidents

a) parents who are not immunizing their children b) children's diet, lack of exercise
Services that address special needs
Affordable health insurance, and the cost of immunizations, for those who don't qualify under the medical card, and cost of insurance is too much for parent to take out family insurance on infant/child
a) the major or emerging health concerns 1. recognition of and management for children with developmental delays or behavioral problems. 2. overweight/obesity b) the essential (or primary) health needs that are not being met 1. lack of early recognition of developmental delays/autism spectrum disorders and lack of appropriate intensity of early intervention 2. lack of resources/payment mechanisms for young children with behavior problems/emerging mental health problems. 3. prevention of obesity in young children with appropriate nutrition and physical exercise.
Access to affordable health insurance, and an adequate provider network for low-income populations. Of particular concern is access to dental care for young children, especially those that are insured by Medicaid. There are not enough providers in Kansas to meet this need.
pre-school education
Lack of knowledge about development and stimulation of learning Safety in childhood.
Nutrition and Immunizations
more in-depth screenings through clinics with up-to-date equipment
a) I feel that major emerging health concerns are obesity and for our area access to untreated/preserved fresh foods. We are seeing large increases in food allergies in the child population. Many of these kids are unable to consume preservatives of many types. Our local stores do not provide selection, and we do not currently have a farmers market. Many in our community are voicing concern r/t food supply/production and it's safety. As a society we spend tremendous amounts of time quelling the active play of youngsters. It definitely starts with this age group. They are pushed away from active and imaginative play and push them toward adult structure. Even child care facilities are being forced to do away with free time and made to have lesson plans. Many studies clearly show that this type of behavior is not in the best interest of our children.
a) injury, obesity, asthma (increasing in prevalence and severity), nutrition b) healthy food environments, protection from secondhand smoke, safe environment (free of exposure to violence, safe transportation, etc.), active play, decreased exposure to unhealthy food advertising
Their parents' lack of knowledge re child development
Access to great child care Education for parents nutrition
See some obesity but also some kids who have a failure to thrive type situation. Also see some kids that have behavior issues and need help when they start school with these social/emotional behaviors when it may have helped to find them earlier.
Same as above
Increased level of poverty among young families requires additional assistance to provide child locks, smoke alarms, any materials to improve the safety of the home. Some of the "affordable housing" used by young families with children ages 5 and under should be condemned.
Vaccinations
Early childhood education Immunizations Access to Care
a) obesity b) mental health and dental
Immunizations education and availability.
In McPherson County there is no program providing home visitation type services for 1 year +. Since Parents As Teachers is not active anymore, there is definitely a gap in services for that age group. There is also a need for quality child care.
Improved immunization rates Adequate food



Immunizations
a- neurodevelopment delay and autism
b- availability and reimbursement for autism/developmental evaluations and intervention
Social and emotional screenings and appropriate interventions
Healthy nutrition and adequate physical activity
education of mother regarding nutrition and care
Those without insurance or the ability to obtain insurance do not get the medical care they need. Parents keeping up on required or recommended physicals and immunizations.
same as above
a)Immunizations
a) Teaching caregiver that she's the one that supposed to be in control - not the child. Positive discipline
b) same as above
same as # 4
We are need of good pediatric care in this area. We have to drive at least 2 hours for a pediatrician on staff. Some do come in on a monthly basis but it is hard to get an appointment.
a parental (Mom AND Dad) involvement/engagement
b nutritional needs
same as #6 answer
Special need services

#### 8. School Age Children (6 - 12 years of age)

Response	Count
	116
<b>answered question</b>	<b>116</b>
<b>skipped question</b>	<b>176</b>

Response Text
Same as 7
Addressing participation in school activities
Inclusive care
Consistent services for rural areas
Evidence based practice service provision
the use of evidence based practices in therapies
dental health
a) increased autism spectrum disorders, social/emotional mental health concerns, obesity, food deprived homes, bullying
b) developmental surveillance and routine screening, affordable health care
a) poverty and housing issues; lack of after school programs and summer camps;
b) Good oral health and access to dental services for all children.
Nutrition and Obesity. Risk behaviors. Sex and reproductive education.
A. Bullying, increased physical activity for kids who do not participate in team sports or organized athletics.
Breastfeeding information integrated into their school curriculum, as part of for normal infant nutrition and care.
a) Parents not displaying healthy role models.
b) Essential health needs not being met.
Health promotion - exercise and healthy eating - obesity issues.
a. Health Concerns. Obesity, Nutrition - limited fresh fruits/vegetables.
b. Unmet needs. Education of the parents and child on good nutrition, food preparation and importance of exercise.
Also needing to address the age group about sex, drugs, alcohol and bad behaviors.
mental health issue and obesity ; poor nutrition
a) poor foods offered in the lunch room and in vending machines
b) policies for schools on foods that are offered in the vending machines or through the snack bar

Need: Mental Health resources for any mental health issues in this age group.
Same as above access to mental health Better medical coverage of mental health
Wraparound services such as state and federal Healthy Start
lack of physical activity and poor diet
a) Keeping up with the demand of quality educated healthcare professionals. From doctors educated in all healthcare specialties as well as in ob gyn and pediatrics. b) same as answer a.
same as above
Head lice Need for nutrition education in school. Similar to Home Economics in High School.
This is the age in which we lose children and this is a prime time for mentoring programs.
Dental Health Issues Obesity
parenting classes
Need more nutritious food in schools.
safe, high- quality after and before school care
safety self esteem
a. asthma
Nutrition related concerns - adequate low-income dental and medical care. Mental health services limited and expensive.
Have no contact.
I think the next problem we will see in school age children is more obesity. Times that are available for health care are limited most Doctors offices in our area close by 12 noon on Friday including Health Department, closed at noon hours, and close office by 5pm that gives school age children only 1-2 hours daily for appointments also because so many children cannot get dental care in our town they have to travel to another town. Most do not have financial means or parents cannot take off without risking their jobs because Dr. and dentist appointments take at least 1/2 a day even if they are in our town.
Falls Motor Vehicle Occupant Protection
Children being overweight and lack of outdoor and/or physical activity.
nutrition immunizations after school activities in the arts counseling
little preventative care; most care episodic high absenteeism rate due to chronic illness; limited care management obesity/poor nutrition dated medical practices among some providers; limited access to mental health services
Bullying
obesity, physical inactivity
a) Overweight and Obesity
Obesity; Lack of Physical Activity
obesity, safe childcare after school and in summer
Increased awareness and access to nutritious foods
a. obesity b. diet and exercise
Healthy eating and activity, appropriate immunizations

a. Poor nutrition and lack of physical activities. Becoming acceptable to drink "adult" drinks such as power drinks and coffee. Increase in sexual experimenting in the older preteens. Increase in preteen pregnancies and STD's
b. Lack of information to the elementary school children about the importance of delaying physical (sexual) activities
dental, eating right
immunizations for those uninsured; well child checkups
dental; lack of mental health providers; obesity and diabetes
Dental
Physical activity opportunities
Education for parents on good food choices/meal planning/
Not sure.
safe and adequate care - access to medical
Lack of physical activity, dental and mental health services. Flossing and brushing teeth for length of time needed. Screen time and TV time. Marketing to children, size of candy bars and portions of food at restaurants. Kids meals need altered to healthier choices. Unsupervised time and children have opportunity to do what they want and eat what they want, encourages unhealthy activities.
Need for exercise and activity, limiting computer, TV and gaming time. Getting outside and playing and the benefits of doing so,
a) the major or emerging health concerns
Accident prevention and nutrition support. Obesity
b) the essential (or primary) health needs that are not being met
Preventative and primary care access. Accident prevention. Family education.
Healthcare needs not always being met. Improper child restraints in vehicles
Adequate nourishment for young and growing minds and bodies. Accurate, timely information about developmental delays and developmental milestones for children of different ages. Adequate parent/ caregiver support and guidance, so the caregiver can support the child.
Social Emotional skill use
a. childhood obesity
b. adequate physical activities in the school, limited gym time and intermural sporting activities.
a. & b. prevention/education of risky behaviors
a) Safety
b) Continued immunizations and health maintenance
Unintentional Injury Prevention
not sure
regular healthcare checks
Notional or weight problems
Missing immunizations
diabetes; obesity; heart disease; mental skills; homelessness; drug addiction of adult(s) in home;
Physical assessments; nutrition with portion control, variety, good food choices; personal hygiene; dental care
Targeted educational plans for each child
Domestic violence and child abuse
health insurance navigation
immunizations
basic health services
Dental Care is limited.
Lack of behavioral support.
In Wichita, the presence of three FQHCs have improved access to health care for children (and adults)
Just say no - learning to read - self-esteem programs
Excellence in school
Afterschool programs.
A) Nutrition
B) Safety
Unhealthy Family Eating Habits
Lack of Nutritious and Desirable Food at School
Lack of Exercise and Activity
Good nutrition, safe school environment, WELL-PAID teachers who love what they do. Literacy, grammar, writing and

reading skills are absolutely essential and are not getting the attention they deserve.
Same as young children. Playgrounds and sidewalks.
exposure to marketing, media, violence, and lack of exposure to nature.
Food Allergies and intolerances
Nutrition including hunger and obesity
Toxic stress
Access to care
Use developmental knowledge to reduce the damaging over-emphasis on test scores to provide the right developmental challenges and environments for the right ages. For example, for this age, children need fantasy play and group play that improves their social skills and ability to work with others.
Access to care
Obesity/healthy eating
Well-child visits
Abuse identification/education
This is a good age to educate regarding: nicotine use; alcohol use; drug abuse
Above as we'll as oral health needs
No parenting skills
chronic illness and oral health
a) parents who are not immunizing their children
b) children's diet, lack of exercise
Emotional health needs
Affordable health insurance, and the cost of immunizations, for those who don't qualify under the medical card, and cost of insurance is too much for parent to take out family insurance on infant/child
a) the major or emerging health concerns
1. mental health problems
2. learning disabilities
3. obesity
4. safety (accidents)
b) the essential (or primary) health needs that are not being met
1. adequate resources for treatment of mental health problems
2. intensive support for reading for children with reading disability
3. education on nutrition and exercise for school age children
4. parent education on car safety, gun safety
Access to affordable health insurance, and an adequate provider network for low-income populations. Of particular concern is access to dental care for children, especially those that are insured by Medicaid. There are not enough providers in Kansas to meet this need.
exercise and proper nutrition
Lack knowledge of effects of use of drugs, alcohol, and tobacco
Obesity
Lack of knowledge of oral care
Lack of knowledge of nutrition and exercise
Nutrition and Immunizations
Make sure all counties have school nurses
a) Obesity & Use of healthy foods Children are not active enough and they eat badly, period. As a society we have moved away from looking out for our children's developmental and health needs and moved way to far towards academic standards. Children are under active and families choose to not eat healthy even when healthy foods are accessible. Although I do believe that access to fresh fruits and vegetables is a big problem we are also seeing very poor choices related to the foods that are available.
a) obesity, tobacco use (new products), prescription drug abuse, mental health, oral health, food insecurity
b) access to services, healthy school environments, physical activity opportunities, healthy food environments
physical and nutritional health
strong school attendance
education on healthy habits
Don't see many of these kids. Obesity would probably be the big one that comes to mind.

Same as above
Nutritional needs. High fat fast food. Anything easy to fix.
Continue meal program for poverty level and after school program so that parents can work.
a) behavioral health issues
b) mental health and dental
Special need education in schools.
There is a need for more afterschool child care options and summer child care programs.
Improved immunization rates
Mental health services
obesity
a- ADHD overtreatment with medications, obesity and poor nutrition
b- behavioral health, obesity prevention, healthy active lifestyle training
Healthy nutrition
Physical activity
nutrition and exercise education
a) some insurances not covering immunizations recommended for this age group
Those without insurance or the ability to obtain insurance do not get the medical care they need. Parents keeping up on required or recommended physicals and immunizations.
childhood obesity
increase in number of children with special health care needs - dx of autism
a) Immunizations
The same as # 7 & # 4
a parental (Mom AND Dad) involvement/engagement
b adoption of healthy habits i.e. physical activity
same as #6 answer

## 9. Youth and Adolescents (13 - 18 years of age)

Response	Count
	116
<b>answered question</b>	<b>116</b>
<b>skipped question</b>	<b>176</b>

Response Text
same as 7
Birth control information
Access to vocational training in each community
pregnancy prevention
sexual disease prevention
substance abuse prevention
mental health
a) depression, suicide, bullying, obesity
b) mental health supports
a) Obesity; Use of drugs, tobacco, and alcohol; mental health issues; STDs; risky behaviors including unprotected sex; visiting certain Internet sites; use of cell phones/texting and driving.
b) Oral Health; Smoking Cessation and prevention; and mental health services.
Nutrition and Obesity, Risk behaviors. Sex and reproductive education.
A. Same as above.
Parenting education, as mentioned in #4.
Breastfeeding information integrated into their school curriculum, as part of for normal infant nutrition and care.

a) Parents not displaying healthy role models. Adolescents making bad choices in regards to sex, alcohol, drugs & tobacco.
b) Essential health needs not being met.
Same as young children
Also smoke tobacco issues in rural schools especially.
a. Health Concerns. Obesity/poor nutrition. Drug\alcohol abuse. Sexual activities.
b. Unmet needs. Parental involvement and education on the above topics as well as understanding social media and teenagers. Engaging teenagers in positive ways. Unfortunately this age group suffers from stereotyping.
obesity, pregnancy and drug/alcohol exposure.
1. Increase in STI's
2. Increase in Teen Pregnancy
3. Increase in prescription drug abuse
Needs:
Better education on STI's and pregnancy.
Same as above
Improve transition skills
Wraparound services such as state and federal Healthy Start
need for more education regarding sexuality
a) Keeping up with the demand of quality educated healthcare professionals. From doctors educated in all healthcare specialties as well as in ob gyn and pediatrics.
b) same as answer a.
Same as above plus mental health services
STDs
Need for more education on STD, pregnancy prevention and sex education in the schools.
Real life skills and pre-employment training. Preparation for community college or technical training.
Obesity
Physical Activity - life long process
education to build confidence
a place where they could get help with abuse issues
Sex education.
programs to develop fitness and self-esteem and resist peer pressure
self esteem
obesity
dental health
mental health
preconception counseling
drug/alcohol/smoking abuse
Nutrition related concerns - adequate low-income dental and medical care. Mental health services limited and expensive. High incidence of underage drinking, drug use.
Similar to Pregnant Adolescents. Better sex education and self-esteem in school curriculum.
Sexual health is needed since our area still is one of the top 10 in the state for teen pregnancy and STD's in teens.
In 2011, 235 Kansans died by unintentional poisoning in 15-24 age group.
lack of outdoor/physical activity
education on healthy life styles
access to health care
screening for STD/HIV
limited access to family planning; attitudes conservative
limited access to mental health services;
almost no preventative/routine care (medical or dental)
drug/alcohol usage
teen pregnancy acceptable
Tobacco use seems to be more prevalent in this age group.
obesity, physical inactivity
Drug and Alcohol Use
Obesity

access to birth control
Suicide prevention awareness increased and birth control options (including how to say 'no')
a. sex education b. sex education
HPV and all other appropriate immunizations, continue to encourage healthy lifestyles
a. Teen pregnancies are more "acceptable". Increase in sexual activities with multiple partners, unknown partners, etc. Poor decisions that are affecting their health. Lack of good nutrition, poor physical activities, use of illegal drugs b. Increase in STD's. Increase in obesity. Lack of providers/people of influence who will talk with the teens about the risk of the above, or have a community effort to provide a program to address this issue
Dental, eating right.
immunizations for those uninsured; well child checkups dental; lack of mental health providers; lack of school therapists (speech pathologists, occupational therapists, physical therapists, supportive services); obesity and diabetes
see #9 Sexual activity delay/delay of pregnancy Information for both boys and girls on STDs
Not sure.
education for reproductive health - nutrition support
Promiscuous sexual activities, human trafficking, STIs, drug use, smoking, alcohol use, lack of physical activity, parental supervision. Parental example of immoral activities, lack of modeling of moral activities, violence on TV and video games. sexual attire, lack of clothing that is wholesome Lack of male influence, Marketing to teens food and items. Peer pressure, wanting to be like everyone else and fit in. Lack of self-esteem and worth. Processed foods, muffin tops.
Healthy relationships, STD talks, immunizations, sexual risk reduction, activity vs. computer/gaming time, texting, sexting
a) the major or emerging health concerns Accident prevention, risk behavior attention, and mental health support. b) the essential (or primary) health needs that are not being met Preventative and primary care access. Accident prevention. Family education. Mental health support.
Improper child restraints in vehicles
Information about reproductive health and pregnancy prevention. Adequate adult guidance with addressing developmental concerns of adolescence.
Drug/Alcohol use, Teen pregnancy
a. pregnancy prevention b. lack of acceptance for recommended vaccinations
a. & b. comprehensive sex education
Improved education on avoidance of smoking, alcohol, drinking and driving, sexual promiscuity.
a) Sexual health, transfer of health-care responsibility from parent to child b) Preventative health
Unintentional Injury and Suicide Prevention
same
STDs Alcohol and Drugs Driving and Texting Not wearing seatbelts.
drugs; pregnancy; obesity; mental health issues; homelessness; personal care of mind and body; dangers of drug use; development of chronic health issues related to poor habits already formed
health insurance navigation immunizations basic health services
Dental Care is limited. Lack of behavioral support.
In Wichita, the presence of three FQHCs have improved access to health care for children (and adults)

Drug & alcohol awareness and peer pressure Excellence in school
Easy access to sex education and birth control.
A) STI B) Birth Control
Unhealthy Family Eating Habits Lack of Nutritious and Desirable Food at School Lack of Exercise and Activity
Good nutrition, safe school environment, WELL-PAID teachers who love what they do.
Access to Family Planning services in Miami County is now limited, since the loss of our county's Family Planning Grant. Fewer teens are coming now to the new clinic, probably due to cost.
Education regarding sexual health and protection.
different definitions as to what is acceptable with sexual experimentation. shaming girls and bullying.
Education healthy life styles Nutrition Obesity Low Immunization rates
Improve social integration, involvement and bonding with the school tribe, and niche groups in the school, and cultivate emotional intelligence.
Continues well-child visits with recommended education done with youth/adolescents and parents
STD and contraception knowledge
No parenting skills
sexual health/education -family planning
a) STD's, unplanned pregnancies b) lack of parental supervision, alcohol, tobacco and other drug use
adequate care for sexually active teens
Access to emotional health services
Affordable health insurance, and the cost of immunizations, for those who don't qualify under the medical card, and cost of insurance is too much for parent to take out family insurance on infant/child
a) the major or emerging health concerns 1. mental health problems/suicide prevention 2. substance abuse 3. obesity 4. safety b) the essential (or primary) health needs that are not being met 1. adequate resources for treatment (both providers/payment) for mental health problems. 2. more widespread education on issues like texting while driving, gun safety
Access to affordable health insurance, and an adequate provider network for low-income populations. Of particular concern is access to dental care for children, especially those that are insured by Medicaid. There are not enough providers in Kansas to meet this need.
drug use, alcohol use, unprotected sex
Same as above. Lack of use of skills in problem solving.
Nutrition and Physical Activity
More mental health services are needed and to education medical providers of how to screen for mental health at each appointment.
Many the same as #8 as well as poor education regarding self-worth and body changes/function (primarily reproductive). This group is also in need of continued education regarding substance abuse. We have stopped communication with parents by telling this age group that they can make sexual/reproductive decisions without parental consent. Many of these kids seem to be shutting themselves into a box and looking for attention in all of the wrong ways.
a) obesity, tobacco use (new products), prescription drug abuse, sexually transmitted diseases, mental health, b) healthy environments, access to services, education,
Lack of knowledge re: personal responsibility, goal setting, postponing parenthood, early child development



Strong adults in addition to family members (excellent teachers) Strong alternatives to drugs in order to fit in and succeed School retention strategies
Need increased immunization percentages for this age group.
a and b) HIV and STD's - TESTING and education
Obesity comes to mind. Also wanting to fit in with peers. Education needs on nutrition and continued education on reproductive systems.
Same as above. Not enough adult supervision to prevent teen pregnancy.
Continue drug education, safe sex education
Education on birth control
a) Tobacco, alcohol and drugs b) Mental health needs
Education on making the right choices.
Mental health services Smoking cessation education Alcohol awareness education Safe driving practices Suicide prevention
lack of healthy living knowledge, STD's, use of legal or illegal drugs
a- same as school age adding smoking b- Pregnancy and STD prevention, behavioral health including in patient psych treatment
Tobacco use Pregnancy prevention
birth control, drug and alcohol education, STD education
a) some insurances not covering immunizations recommended for this age group
Seeking out birth control
obesity lack of mental health services for teens
a) Immunizations
a) Basic training of how to survive & make a living b) same as above Same as # 4 & # 7
a parental (Mom AND Dad) involvement/engagement b adoption of healthy habits i.e. physical activity
same as # 6 answer

#### 10. Children with Special Health Care Needs (Birth to 12 years of age)

Response	Count
	101
<b>answered question</b>	<b>101</b>
<b>skipped question</b>	<b>191</b>

Response Text
If problems occur, insurance enters into it, and these babies can't get the proper medications, specialized care, and families are at a loss as to what to do
Inclusion in school programs
Appropriate eval and intervention. Access to services outside of school based
developmental therapies

<p>a) complex chronic conditions that require specialist care for effective management, decreased understanding and involvement of the person with the SHCN, obesity</p> <p>b) Comprehensive Medical Home care, affordable and accessible specialists, communication and collaboration among systems of care and education that serves the individual, limited development of physical exercise and leisure interests for life long health, life satisfaction and well-being</p>
Affordable, appropriately care provided locally.
Breastfeeding support is critical for this population and is often overlooked. Families with children with special health care needs should be referred to International Board Certified Lactation Consultants (IBCLC) who can work together with their health care provider to maintain the breastfeeding relationship. Kansas currently has over 160 IBCLCs.
<p>a) A family has to stay within financial restraints to receive help.</p> <p>b) Availability of resources to families who fall out of financial guidelines, yet are unable to afford resources as out of pocket expense.</p>
<p>I don't know these issues</p> <p>Limited access to support in rural settings</p> <p>New man are issues</p>
people with more needs as times gets harder and lack of funding for some or the delay of funding for some.
Just being able to get in to see doctor. Kancare is very unorganized just getting medicine takes several hours with several different departments and they don't know what the other departments are doing. It SHOULD NOT take 13 days to get a prescription approved.
Having services readily available when needed.
<p>Health Concerns. Getting the correct diagnosis and then having the needed services available within the community.</p> <p>Having insurance coverage to help cover the cost of care.</p> <p>Unmet Needs. Having enough assistance available when needed for both the child and parents.</p>
It is so hard to get to a doctor in another state.
Continued decreases is available funding for medical supplies and durable medical equipment.
I think their needs get met in our county
Same as above
Wraparound services such as state and federal Healthy Start
more support, interaction with others
<p>a) Keeping up with the demand of quality educated healthcare professionals. From doctors educated in all healthcare specialties as well as in ob gyn and pediatrics.</p> <p>b) same as answer a.</p>
Respite care for parents and caregivers and same as above
Funding will never be enough. The function of teaching parents about their children special needs child has never been accomplished and parents are not really encouraged to be part of the solution. Many parent feel inadequate because the agencies make them feel that way then then disengage. Still specialized care is something on the eastern part of the state or exhausted by chosen families playing the system.
Services are limited
Parents accessing free screening so special needs can be addressed
community based centers for parent to bring their children to that have special equipment for PT and OT, staffed by professionals
support for parents
Limited specialized services available in the community.
Have no contact.
Motor Vehicle Child Occupant Protection
unsure
<p>parental support</p> <p>cover medication costs</p> <p>coverage for hospitalizations</p> <p>transportation</p>
<p>uncoordinated and limited resources</p> <p>backward attitudes including teachers, caregivers</p> <p>lack of health professionals truly knowledgeable in identification and treatment</p> <p>lack of specialists to provide services requiring travel for those who can afford it</p>

In-county providers skilled in certain areas of need
Limited resources in Northwest Kansas for assistance with special healthcare needs
Early intervention to make their lives as productive and healthy as possible
I believe the McPherson Area has a good program in place to address the early children and then the schools are in place. We do not see too many special health care need children
immunizations for those uninsured; well child checkups dental; lack of mental health providers; lack of school therapists (speech pathologists, occupational therapists, physical therapists, supportive services); obesity and diabetes
All kinds of services that are not readily available in our area. Development, cognitive, social, etc. We have an agency in Great Bend that provides services to Stafford County
Not sure.
care to meet their needs
Medical care, respite care, lack of parental follow through, sexuality. Cost of medical care, going to other areas for special care, lack of prenatal care , medical providers who are not able to determine ethical decisions regarding very early and interventions. Durable medical equipment, dental care and providers, early intervention services, funding for school services. Services for transition and lack of care.
a) the major or emerging health concerns Chronic health management in tandem with parental support b) the essential (or primary) health needs that are not being met Accident prevention. Family education. Access to services. Equipment rental support is minimal due to lack of reimbursement.
Improper child restraints in vehicles
a. inadequate care for the young child with needs. b. lack of skilled care providers to assist families with the care of every day needs.
a. & b. family coping methods
Improved assistance in the school system.
a) There are many new treatments for children with genetic disorders b) No geneticist to treat these children within our state.
a) Illness prevention. Finding healthcare resources. b) Team approach to health care and other needs. Providers do not work together to treat the whole.
funding for services.
same
chronic conditions associated with disability; nutrition; dental, mental/physical issues, housing skin conditions, mobility assistance devices availability/use; dependency on caregivers
health insurance navigation immunizations basic health services developmental services
Lack of services to support those with mental and behavioral support.
Proper care and education
A) Safety B) Dev. Learning
The concept of mainstreaming every child, regardless of the severity of their conditions, is not in the best interest (in terms of meeting the learning needs) of other children in the class. There are too many situations in which the "normal" children do not get the attention they need and cannot progress as they should because the teachers are required to deal with special needs children. Some of the children put in regular classrooms cannot benefit academically; I'm aware of situations in which those children just spent the day screaming or moaning, while the rest of the students tried to hear and focus on their studies despite the distractions.
No experience to comment.
lack of support in smaller towns, inner city school districts etc.
Simplification for obtaining services Availability of services especially specialists

See comments above in box 4: we need to create individual, integrated longitudinal data systems the unify medical and social service and educational data over time, then use these databases to discover the specific origins of poor child and adult outcomes, and then test preventive interventions to lower the incidence of these impairments. In addition, we need to tax commercial enterprises that prey upon this age group, foisting bad food, and socially and mentally damaging activities on them. This is the only way we will succeed in gradually improving population health.
access to care and adequate services--especially in rural areas
Lack of resources and respite care for parents
Severe lack of affordable services for kids who have private insurance. Many day care/summer program providers and therapy options are only for kids who are on a medical card. Those providers are punishing parents who choose to care for their kids outside the "system." Many service care providers (Class LTD in our area) charge outrageous prices to Medicaid, and therefore try to do the same to parents with private insurance or who self-pay. Day/summer care and specified therapies are non-existent for kids who are not on state aid. A great many kids go without adequate care services simply because the state pays better than the parent can.
No parenting skills
access to care and RX
specialized care for individual needs in rural area
Access to care
health care costs
a) the major or emerging health concerns 1. co-occurring mental health problems. 2. obesity in some CSHN population) 3. lack of collaboration/communication between the primary care medical home and subspecialists b) the essential (or primary) health needs that are not being met 1. experienced mental health providers (especially in rural communities) to manage this complex population. 2. inadequate payment mechanisms to really support the comprehensive primary care medical home
Access to affordable health insurance, and an adequate provider network for low-income populations. Of particular concern is access to dental care for children, especially those that are insured by Medicaid. There are not enough providers in Kansas to meet this need.
access to affordable & appropriate health care
Lack of access to adequate day care and parent respite. Increase expense of health care. Poorly trained caregivers.
More grant notices on how to apply for special needs equipment for families
I am not real familiar with specific challenges that this group faces, although I do know of several families in this area who have to travel great miles in order to have their child's needs met. This of course is burdensome, but I know that it is not feasible to have specialized services in remote areas.
Services that are needed for these special needs children. Parents have to drive quite a distance to have any help for their child.
a) diseases or conditions of genetic origin, obesity, mental health b) healthy and safe environments, access to services, health insurance coverage, physical activity opportunities, healthy food environments (quality and adequacy)
Support systems
Early identification
Finding doctors who will take Medicaid patients
Area services being reduced due to budget concerns.
Difficulty in access due to distance to care.
Optimize individualized accommodations as needed.
Where and how to get help in rural areas
Resources available.
Outside of MCKIDS offered through the Infant Toddler Center, I do not know of another program in McPherson County addressing this population.

Better support for home equipment in medically fragile children, it's cheaper than being in the hospital
Better home nursing for medically fragile children
Respite care for medically fragile children, to ease the care taking burden on the parents
Financial support for medically fragile children
Improved access and financial support for Early Intervention for infants with special needs and those at risk
a- transportation, organization of providers and navigation through the new health care law
b- preparation for transition to adolescence
Rising health care costs
Access to specialized care and health care professionals
Access to dental care
access to needs which are not covered by healthcare directly. re: dme or education of family members
Availability in rural areas to assist those with special needs
access to services - sometimes is a problem. Patients may need more services (OT, PT, SLP services) than they get. We need to look at the model - and shift the public's perception that the services provided are there to "teach" them as primary caregivers what to do in the home, not to improve function, just with therapies provided.
a)Lack of health care services.
a) Care giver support groups help
b) Care giver support groups help
a parental (Mom AND Dad) involvement/engagement
need to travel long distances to specialists

#### 11. Youth with Special Health Care Needs (13-26 years of age)

Response	Count
	98
<b>answered question</b>	<b>98</b>
<b>skipped question</b>	<b>194</b>

Response
If problems occur, insurance enters into it, and these children don't get preventative care, can't get the proper medications, specialized therapies and care, and families are at a loss as to what to do. It all has to do with prevention and our system is not one of prevention
Access to vocational training
As above and ADA access
vocational preparation
a) complex chronic conditions that require specialist care for effective management, decreased understanding and involvement of the person with the SHCN, obesity b) Comprehensive Medical Home care, affordable and accessible specialists, communication and collaboration among systems of care and education that serves the individual, limited development of physical exercise and leisure interests for life long health, life satisfaction and well-being
Affordable, appropriately care provided locally.
a) A family has to stay within financial restraints to receive help. b) Availability of resources to families who fall out of financial guidelines, yet are unable to afford resources as out of pocket expense. a) Parents not displaying healthy role models. Adolescents making bad choices in regards to sex, alcohol, drugs & tobacco. b) Essential health needs not being met
Same as above
people with more needs as times gets harder and lack of funding in schools and home.
Having services readily available when needed.

Health Concerns. Having insurance coverage to help cover the cost of care. Without it in most cases needed medical care is too expensive. Unmet Needs. Having enough assistance available when needed for both child and family. Having (out of the home) care/housing for those older youth who can no longer reside at home because the family is no longer able to provide the care needed.
The few Camps and programs are all intellectual disability based, few for just physical disabilities.
I believe those needs are being met in our county
Same as above Improve services for independent living needs (medical) Helping youth better understand sexuality
Wraparound services such as state and federal Healthy Start
same as above
a) Keeping up with the demand of quality educated healthcare professionals. From doctors educated in all healthcare specialties as well as in ob gyn and pediatrics. b) same as answer a.
Same as above
N/A
Take a really good look at our middle and high school. Children with disabilities are herded and skills are coloring pages. Everyone can do something. Voc Rehab is literally a joke.
Increase the transition for high school students with special needs. Kids with IEP in high school should have a community specialist meet with them every 6 months to one year after high school to reassess health and mental health needs.
a place where they could learn life skills
Respite for parents of these children, also community based centers
support for parents skill/job training support
Limited specialized services available in the community.
Have no contact.
Motor Vehicle Occupant Protection
unsure
parental support cover medication costs coverage for hospitalizations transportation
uncoordinated and limited resources; quality varies dramatically depending on location
Same as #10
Limited Resources in Northwest Kansas for assistance with special healthcare needs
a. unknown b. unknown
Learn life skills and work skills so they can be a helpful and productive in society
see above.
immunizations for those uninsured; well child checkups dental; lack of mental health providers; lack of school therapists (speech pathologists, occupational therapists, physical therapists, supportive services); obesity and diabetes
Opportunities to interact with others in social setting Access to medical care/mental/psych
Not sure.
care to meet their needs - affordable, safe, reliable
Transition services for children after age 21, social life, meaningful employment, mental health services, medications not covered, independent living facilities, medical, family planning, dental, sexual health, appropriate nutrition, family support, respite care.
UNK

a) the major or emerging health concerns Chronic health management in tandem with parental support b) the essential (or primary) health needs that are not being met Accident prevention. Family education. Access to services. Equipment rental support is minimal due to lack of reimbursement.
Improper child restraints in vehicles
same as above.
a. & b. family coping methods, life skill assessments.
Improved assistance in the school system. IEP's are a joke!
a) There are many new treatments for children with genetic disorders b) No geneticist to treat these children within our state.
a) and b) as above
funding
not sure
same
chronic skin conditions; nutrition; dental; mental/physical needs/development; housing; assistive devices needed skill training; independence; coping with disability daily; self-care;
health insurance navigation immunizations basic health services developmental services employment services
Lack of services to support those with mental and behavioral support.
Proper care and education
A) Safety B) Obesity
a) the major or emerging health concerns: Partly due to the economy, the decline in proper nutritional habits, as well as the increased stress upon adolescents and youth resulting in a reduced focus on effective or incomplete career training for their future. b) the essential (or primary) health needs that are not being met: Recognizing and addressing mental health issues early, that are compounded by prolonged stress related issues in their lives; as well as weak coping skills; declining emotional and financial support from parents & family; and a discouraged sense of control over their personal future. Undetected or undiagnosed mild & moderate emotional or mental disorders are worsened by social stigmas of seeking treatment, counseling and professional assistance. In addition, insurance providers seem to over emphasize medication therapy over more resource-intense therapies, such as talk-therapy, to be used as a combined therapy or as an early-prevention treatment.
The concept of mainstreaming every child, regardless of the severity of their conditions, is not in the best interest (in terms of meeting the learning needs) of other children in the class. See #10.
isolation and lack of support for caregivers.
As above
We have over-emphasized academic performance at the expense of instilling good survival skills. We are also mainstreaming some kids into classrooms even though they don't have the social skills to not disrupt the classroom and distract the other students.
Transition to adult care
Above
Severe lack of affordable services for kids who have private insurance. Many day care providers and therapy options are only for kids who are on a medical card. Those providers are punishing parents who choose to care for their kids outside the "system." Many service care providers (Class LTD in our area) charge outrageous prices to Medicaid, and therefore try to do the same to parents with private insurance or who self-pay. Day/summer care and specified therapies are non-existent for kids who are not on state aid. A great many kids go without adequate care services simply because the state pays better than the parent can.
No parenting skills
access to care and Rx
specialized care for individual needs in rural area

Access to care
health care costs
a) the major or emerging health concerns 1. transition to medical providers who are knowledgeable about "pediatric" conditions (e.g. congenital heart disease, developmental disabilities, etc.). 2. transition to adult mental health providers knowledgeable about mental health problems associated with pediatric conditions. b) the essential (or primary) health needs that are not being met As above
Access to affordable health insurance, and an adequate provider network for low-income populations. Of particular concern is access to dental care for children, especially those that are insured by Medicaid. There are not enough providers in Kansas to meet this need.
access to affordable & appropriate health care
Same as above.
More grant notices on how to apply for special needs equipment for families
Same as above. The upper edge of this age group faces their own special challenges... As most kids who are approaching 18 are preparing to find their independence these kids are often struggling to find a way and the means to function.
a) tobacco use (new products), obesity, mental health, injury, b) access to services, safe and accessible environments, healthy food, family and community supports and education
Support systems
transition services (housing, employment, support, healthy peers
Finding doctors who will take Medicaid patients
a and b) HIV and STD's - TESTING and education
Small communities do not have the funds to provide special services and activities for special needs children.
Need more transitional services to assist youth into some sort of work environment
Continuing assistance, especially if parents are aging
a) b) respite care or care to allow young adults to live on their own
Education and employment concerns.
Improved job training and access to jobs Support for independent living where possible
Cost and availability of services
a. see above #10 b. preparing for adult / independent living
Oral health
same as above
Availability of help for those in need in rural areas.
CYSHCN's benefits and eligibility has really decreased over the past 10 years. This has put several patients and families at risk.
a) Care giver support groups help b) Care giver support groups help
a parental (Mom AND Dad) involvement/engagement
same as #10 answer



## Service Delivery Systems for MCH Populations

12. Please select specific programs or service systems that you have experience with: (Please check ALL that apply.)

Response	Percent	Count
Home Visiting	68.5%	115
Children and Youth with Special Health Care Needs	35.7%	60
Newborn Metabolic Screening	22.0%	37
Newborn Hearing Screening	32.7%	55
Infant-Toddler (tiny-k Early Intervention)	38.1%	64
Part C	15.5%	26
Teen Pregnancy	42.3%	71
Women's Reproductive Health	53.6%	90
Child, Adolescent & School Health	47.6%	80
WIC	65.5%	110
Other (please specify) Healthy Start Our health department staff is experienced in and participate in the community in the following areas: Home visiting; Teen Pregnancy; Women's Reproductive Health; Child, Adolescent & School Health. Special Education Voc Rehab Maternal & Infant Program Social Worker, bi-lingual (SP) interpreter assisting in various programs, information & referral to local resources. Title X Family Planning Child Passenger Safety Tech., Safe Sleep. Pregnancy Maintenance Initiative (PMI) Midwifery Care identifying and cultivating career ambitions in middle school students Early detection works vital statistics data "Head Start Latch Key Program" Hospice, Aging, Transportation, KBH, CDRR just use data to calculate cause of death stats Education for teens and their parents to encourage healthy communication and relationships and avoidance of high risk behaviors including use of drugs, alcohol, tobacco, pornography and pre-marital sex and		15
<b>answered question</b>		<b>168</b>
<b>skipped question</b>		<b>124</b>

13. Based on the specific programs or service system that you selected, what aspects ARE working particularly well? (Please check ALL that apply.)

Response	Percent	Count
Communication	47.2%	68
Access to services	54.9%	79
Hour of operation	47.2%	68
Website information	34.0%	49
Location of services	51.4%	74
Type of services	50.7%	73
Other (please specify) Although we believe the services work well, there are still gaps in services and not enough capacity and funding for all the needs. Service providers are passionate and dedicated and try to coordinate within the		22

<p>health and social services system of care, however needs are great, especially where there are pockets of disparities.</p> <p>Communication about Newborn screenings is working well; not Infant-Toddler (tiny-k Early Intervention) WIC is doing a great job of supporting breastfeeding.</p> <p>I was new in march so I am still learning the ropes.</p> <p>We have a lot of great resources in our community. We truly are only lacking in Mental Health and maybe education.</p> <p>I have knowledge of these programs that I share with families whom I work with; but currently do not have a family member receiving any of these services.</p> <p>School-based adolescent education</p> <p>For the majority of this population this time seems to work well</p> <p>Flyers</p> <p>We communicate with clients and the general public using our website and social media for educational purposes.</p> <p>WIC</p> <p>It varies county by county and organization involved. Generally, there seems to be a lot of redundancy and duplication and definitions of service varies. Some counties have no (or very limited) access to family planning or WIC....a clinic once a month is not access. Agencies still compete for dollars; collaboration if in place is fragile.</p> <p>Some services</p> <p>Communication within the program is good.</p> <p>not sure</p> <p>Communication within the program is good.</p> <p>Meets families' needs</p> <p>registration of vital events for birth and death records</p> <p>All could use improvement</p> <p>We are satisfied that our Maternal and Infant Education is considered a very valuable adjunct to physician care, HSHV, WIC, ITNS, to name a few. Our referral process is great.</p> <p>N/A</p> <p>Good services offered, would love to see expanded access to Part C and Early Intervention</p>	
<b>answered question</b>	<b>144</b>
<b>skipped question</b>	<b>148</b>

14. Based on the specific programs or service system that you selected, what aspects are NOT working particularly well? (Please check ALL that apply.)

Response	Percent	Count
Communication	37.9%	47
Access to services	48.4%	60
Hour of operation	19.4%	24
Website information	32.3%	40
Location of services	31.5%	39
Type of services	32.3%	40
Other (please specify)		39
<p>I can't really say things are not working well.</p> <p>There is a lack of services for children under the age of three who receive a diagnosis of autism. Infant and Toddler Services alone is not enough to meet best practice recommendation of 20+ hours of evidence-based intervention services (including the use of ABA therapy or components of the Early Start Denver Model Program). ITS providers need additional training in the use of evidence based strategies specific to autism so that they can incorporate these strategies into their coaching family model.</p> <p>I listed communication in both sections because I do not believe we have adequate work-force that have Spanish communication skills. The diverse pockets of Kansas pose interpretation and translation challenges in other languages too.</p> <p>Communication is not working well for the Infant-Toddler (tiny-k Early Intervention) program</p> <p>Others public health providers, such as home visitors and Infant Toddler staff, could improve their support and knowledge of breastfeeding. Additional breastfeeding education should be required for anyone serving mothers and babies.</p> <p>Need to advance social media technology.</p> <p>So far I have not seen any of the service system that isn't working particularly well.</p>		

<p>Consistency</p> <p>Parents of special needs kids need more services than the school can provide after age 3. The school shouldn't be the only support they get for therapies, especially when one therapist serves 3 or 4 schools.</p> <p>Getting needed equipment on a timely basis.</p> <p>Same as above</p> <p>Parenting education</p> <p>We have outgrown our current building location with the services we provide to the community.</p> <p>Health care services and dental services</p> <p>Unsure, basically just the limits on availability of services in a small community.</p> <p>Brownback and republicans are anti-sex-education. We, as abortion clinic workers, are forbidden from lecturing ourselves at schools, now. Teen pregnancy is going to continue to increase, and their children are going to suffer.</p> <p>Communication, Access to services, Hours of operation, locations, types of services, all irrelevant, IMO.</p> <p>Again, it depends on the agencies involved. To be effective, family planning, immunizations, WIC, etc. must be available on a regular basis at places and times that families can access. It does not appear that funding is based on outcomes or numbers served.</p> <p>Communication to the public is lacking unless clients know to call 211.</p> <p>not sure</p> <p>Communication with the public could be improved</p> <p>Major funding cuts has caused decrease in services available. Increased cost of products and services.</p> <p>QUALITY of services</p> <p>need to improve quality of reporting of congenital anomalies</p> <p>Need more financial assistance with areas like family planning. Many are unable to afford birth control and this county is considering eliminating this program so expect to see a rise in unplanned pregnancies.</p> <p>Would it be more helpful if Kansas goals and objectives were tied to National goals and objectives? Either MCH or Healthy People?</p> <p>Family Planning services are hard for us to advertise, due to the churches in the county, who think we are encouraging teen sex and abortions. Even though we have stressed to the contrary. Our services are basically word of mouth for young teens and unmarried women.</p> <p>Duplication of services, overlapping services- this is a waste of the taxpayers money and wears out the families that these programs are servicing</p> <p>Family Planning services in Miami County. We lost our grant, due to religious decision-making by 3 of 5 county commissioners. Some State support would have been helpful.</p> <p>Lack of low intervention preventative service</p> <p>More medical and social services need to be located in schools and in the early evenings; high-quality day care needs to be available in schools with highly trained teachers and social service providers.</p> <p>quality of data reported for vital events</p> <p>See above</p> <p>"Challenging to find specific providers particularly in non-urban areas of the state.</p> <p>Some programs underfunded (for example Part C)."</p> <p>N/A</p> <p>Funding</p> <p>See above.</p> <p>The scale and reach of home visiting is inadequate. More efforts needs to be made to administratively consolidate the three or four variations of home visiting into a single, more adequate and holistic program.</p> <p>"WIC comes to our community every other month on 1 day. If someone misses or is unable to attend their appointment, they have to drive out of town or do without the service.</p> <p>School nurse funding cut back limits the time the nurse has in the school buildings. Our little community could benefit from special funding for school nurse to be in the school full time to be part to the planning and education of our children and community. The school nurse could help the teachers teach health/wellness topics and get to know the students and their families on a more personal basis increasing the family needs of services related to medical needs and other program needs. (food/sheltering/babysitting/medical)"</p> <p>limited resources in the rural area</p>	
<b>answered question</b>	<b>124</b>
<b>skipped question</b>	<b>168</b>

15. What particular populations or specific regions in the state need additional supports? Please indicate who or where and what types of supports are needed.

Response	Count
	92
<i>answered question</i>	92
<i>skipped question</i>	200

Response Text
Children with new diagnoses of neurodevelopmental disorders (e.g., autism)
I don't know that that I can speak to this with much factual information. I do know that some of the small counties don't have the services to provide adequate therapy to some children with special needs.
Central, Southeast and Western parts of Kansas. Providers who serve children with autism using evidence-based therapies.
Children with autism
Southeast and Southwest Kansas
Rural
We serve the whole state. Even in Kansas City we experience difficulty accessing specialty care. Across the state, families could benefit from increased access to developmental and behavioral supports.
Wyandotte County would benefit from more outreach to youth and families of childbearing years and programs that would address issues of obesity/nutrition/physical activity; early pregnancy testing and prenatal care; oral health; preventing risky behaviors (smoking, drinking, drugs, driving safety); Mental health supports for youth and parents.
King County in the state of Washington has the lowest fatality rate for heart attack victims because it requires CPR be taught in high schools; thus there are ample people who know how to handle the problem. [ <a href="http://www.komonews.com/living/health/Bill-would-require-Washington-teens-learn-CPR-191431161.html">http://www.komonews.com/living/health/Bill-would-require-Washington-teens-learn-CPR-191431161.html</a> ]
Boost Kansans in this same fashion by providing better parenting skills through required education beginning at the 9th grade level.
African American women need additional support for breastfeeding as they historically have low breastfeeding rates. All new mothers need access to breastfeeding information and support upon discharge from the hospital. Many communities in Kansas lack this continuity of care.
We are a rural area & it's hard to get people to participate. We've offered parenting classes, breast feeding classes etc. with little or no participation.
Western KS
parents of multiples in southwest KS. Education and support groups are needed. Also, more teen education on family planning and parenting.
Children with epilepsy need better options of doctors in South-central Kansas. There also needs to be better understanding in schools on what to do to help when a seizure occurs.
Developmentally disabled.
Need better communication between state agencies to address the whole child. Advisory Boards need to include those from each of the relevant and appropriate state and local agencies to address the needs of children and families. Children (and families) with disabilities/mental health or special needs are often an after- thought and not included in plans. May times children in foster care are also not included and they many times have the highest needs for mental health and social emotional health. State wide inclusion for ALL children and families that are in need without the requirement that they meet specific poverty or at-risk population so as to not stigmatize those who may want assistance but don't want to seek assistance due to the negative social impact.
SW Kansas, the support we need is mostly in speech, but all the therapists are trying to serve too many schools.
early prenatal care is needed statewide safe sleep education is needed statewide presumptive eligibility is needed statewide
I would have to say our number 1 weakest resource is Mental Health resource for those needing drug abuse rehab (whether teen, young adult, pregnancy, middle adult, etc.). We have no inpatient rehab resources and our outpatient services are VERY limited and not adequate for the large population of drug use (illicit and prescription usage

especially among teens).
Rural areas they need better access to care
Young men and women; preconception education
Rural areas continue to be underserved for many reasons in regards to healthcare, insurance and available employment.
Urban and rural
Southeast Kansas and Southwest Kansas. Low income population. Pregnancy prevention, more M&I in the home.
rural areas have been stripped of services and we are given an 1-800 number to someone across the state or nation that can't find us on the map. Some agencies in western Kansas serve their city limits, and somehow handle pawning off to some other agency of even a parent.
Tiny K Universal Preschool
here in western Kansas, even though we have small numbers the needs are the same. I would like to be able to create some jobs for women. I would like to start a school where women could come and get skills for cooking, parenting, job skills, breaking the cycle of picking the wrong kind of me. It is a dream of mine. I don't like it that they drop out of school and don't finish. I offer on my own time parenting classes on an individual basis
New teen moms Hispanic population (documented and undocumented)
more support for working, married or unmarried parents who are struggling but trying hard
More low cost prenatal care More choices for birth control
I think the rural areas need more support to ensure that special needs can be handled better at the local level. It is difficult, even with transportation services, to get low-income clients to make and keep follow-up appointments outside of the county because of the length of time involved, especially when they are working at low-income jobs without many benefits. The gap between the wealthy and the poor seems to have increased significantly; the regulations to provide services seem to be increasing and there are funding cuts that further limit the ability of staff to provide basic services to the populations in need.
Hispanic teens are an emerging population that is ignored, IMO. Their parents did not use government services and is likely they will not either. They will just suffer, using old ineffective Mexican remedies to cure their children, being malnourished, eating Mexican foodstuffs high in lead content, causing mild retardation, IMO. They will continue to eat as their parents did, and be much overweight, like their parents, and get diabetes, same as their parents.
Could benefit from more Burmese and Somali interpreters, particularly in Southwest Kansas.
unsure
Obviously, based on data, southeast Kansas has the most identified need. Funding should be leveraged with agencies/organizations with demonstrated success based on measurable outcomes. More coordination of care with the medical homes.
Western Kansas-access to medical care locally, especially specialists.
I feel the rural areas of Kansas could use additional resources in general for the different populations and their needs.
We don't seem to be reaching our adolescents as well as I would like. We need birth control that is more effective that they can afford, but don't have to think about every day.
Again Dental CARE!!!!
Families that are over income for state supported services but cannot afford privately funded insurance. Northeast Kansas needs more providers that are willing to accept state payment through KanCare.
Hispanics-Low German We are designated underserved - sometimes hard for clients to access health care and be understood in their primary language
Rural communities lack access to affordable, quality care of all types. In Western Kansas, focus necessarily needs to be placed on larger population centers just due to the sheer lack of total population in that half of our state.
All the areas that are not major cities. Small areas of populations have great need for increased services and their availability. Accessibility of satellite services for special needs.
Smaller towns. High risk pregnancy populations.
Small rural communities.

We serve vulnerable young children and families in their homes, in the community. Community services are frayed at the edges. The "safety net" of agencies and services for people who live in poverty are stretched extremely thin, or have been eliminated by funding changes. The economy may be turning around, and the poor and marginalized people are still with us. There are large holes in the safety net that used to catch and re-direct people to the services they need. I see infants and young children with disabilities and developmental delays who are in desperate circumstances daily.
Entire state needs more support in Part C/Infant Toddler services. Keep trying to serve more children with less money. NE Kansas needs more Post-Partum support and more Home visiting nurses.
Small, rural counties that have limited resources available to the community. Access to health care, hospitals, child care. Food pantries, Prescription medication assistance.
The entire northwest portion of Kansas has a high number of poverty level residents. They need more financial assistance for birth control measures.
Again, the state needs to be proactive in assessing the access to genetic services and promoting these services within the state.
Areas with low population (frontier etc.) do not have access to all the services of larger communities. These areas still have children with special needs, teen pregnancies, high risk pregnancies etc.
REAL sex education in public schools. Most public schools are teaching abstinence only. Their stance on this is that by teaching birth control and sex ed, we are encouraging pre-marital sex. so they would rather bury their heads in the sand and not see the problems as they really are.
Smaller communities and rural communities
Our Hispanic population needs additional support. We recently lost our interpreter that came to WIC appointments and Kan-B-Healthy appointments.
Teen pregnancy, women's health
Teenage father of baby (employment-development) undocumented immigrants (navigation and help with health related services) working poor (health insurance) infants (through 1st year) (infant mortality prevention)
All age groups listed need more access to appropriate dental care.
Rural nature of western Kansas poses challenges in reaching reproductive aged adolescents and women - additional funding to agencies that travel this area is recommended
Low income families who do not have transportation, do not speak English and have no local support system in place. It would be a good idea to have a local agency specifically designed for foreign language , uninsured families to help them receive the services needed.
SEK, this is a very impoverished part of Kansas.
Improvement of emotional-needs support for siblings of children with special healthcare needs.
WIC and all programs offering services to pregnant and postpartum women, and to infants and young children, need to have Board Certified Lactation Consultants available. Salaries or hourly wages for IBCLCs need to be competitive (similar to clinical nurse specialists) in order to attract and keep knowledgeable, skilled LCs. Breastfeeding is critically important to the health of mothers and babies; we are not doing enough to promote and support it.
Women of childbearing age- and services to support them in avoiding pregnancy if desired, and services supporting availability of prenatal care. Support in expanding Medicaid services for women's health and family planning care for two years following births. Expanding access to nurse-midwifery services and Providers in under-served areas. If nurse-midwives were part of the Healthcare Stabilization Fund, more Providers and practices could afford to add services in under-served areas.
More lactation consultants available to those who cannot afford them and insurance does not cover.
PREGNANCY---
Hispanic / Latino pregnant women
Services to rural and frontier areas of the state are under served. As stated previously, it is difficult for rural clients to access care that is not in close proximity to their home community. Time/distance and the cost of travel--in gas and time lost from work--makes it difficult to obtain and follow-up with care.
Specialists
automation and outreach training
All areas
Parenting classes for all ages are needed desperately.
low to no income families do not have internet access and do not frequently check their mailbox at post office since

we do not have mail home delivery
In our region we do not have enough opportunities for persons to access services for mental health needs.
I think African-American women need more culturally responsive prenatal and parenting education/support. Also, environmental exposures and causes of fibroids should be explored among this group.
Middle class, assistance with health insurance/immunizations
1. Areas - need more access to mental health providers and to early intervention specialists. 2. Populations - Children with autism spectrum disorders not receiving adequate supports in part because of Kansas' failure to pass autism insurance legislation.
Rural families with traveling parents.
Mental Health Screenings in the health care setting 9-18 years of age More Bullying programming needed in K-12th grade
I feel like rural areas need the most support, of course I am bias, but it feels like rural is where the needs are.
Postpartum depression moms could benefit from: a support group and /or a temporary home health type care for respite and or support. I had a difficult time last year trying to help a mom who had no family or friends available, to recover from severe depression. She was being treated by the mental health professionals. We could benefit from someone who has been trained to assist these moms short term and facilitate bonding and attachment activities at a time it is most critical for both mom and baby.
Sometimes our access to certain mental health needs or certain therapies is hard in the north central region.
Mexican population - probably state-wide
Females age 12 to 26. Southeast Kansas.
I see the greatest need of children and parents is to support more programs for birth to 5 in McPherson County.
Former premature infants: access has been reduced in recent years. Would like to see any infants that doctors feel are at risk of developmental delay being afforded preventive Early Intervention services to optimize their outcomes. Home equipment: would like to see better funding from Medicaid for supplies so out-of-pocket costs are reduced for families already under great financial stress.
Rural areas need better access to home visiting.
Healthy start programs could use more funding for additional education and visits.
I am only familiar with our local services and we need to continue to provide services for the at risk populations.
Mothers could use more support in Riley County.
Rural
As I mentioned above - School Nurse funding for our small school districts.
All Kansan's deserve equal support regardless of region.
southwest region all types of services

16. What specific recommendations do you have for improving the health of mothers, children and families in the state? (Examples may include but are not limited to: collect certain types of data to better understand an issue; reform or restructure an aspect of the service system; improve availability, development, or quality of programs; strengthen an existing policy that impacts health; share information with stakeholders to provide education about a particular policy).

Response	Count
	98
<i>answered question</i>	98
<i>skipped question</i>	194

Response Text
-improve insurance coverage for services -Increase the number of providers
Our system needs to change to prevent problems, not try and take care of them after they have occurred. It is a global problem in our country

Increased access to telehealth support
We definitely need a comprehensive data system that helps us better understand Kansas health. I do wonder if a consolidation of multiple tiny-k networks into one state-wide organization would better serve families and providers.
More public awareness and resource sharing related to: obesity/nutrition/physical activity; early pregnancy testing and prenatal care--A Healthy Baby Begins with You campaign; oral health; preventing risky behaviors (smoking, drinking, drugs, driving safety); mental health issues; prevention of domestic violence. Implement a Fetal Infant Mortality Review with community action planning and implementation in the highest infant mortality counties in the State.
Develop a program targeted to 9th graders statewide that teaches them about parenting skills including nutrition and resources they can access. Don't make it a classroom setting. Make it a traveling roadshow. If you can afford a trailer/RV to use as a traveling "lab" that'd be memorable for the kids (EX: see mobile labs at <a href="http://www.trac7.org">www.trac7.org</a> or KANSASWORKS Mobile Unit). It needs to be unusual and out of the ordinary so students will remember it. Accompanying this campaign should be a website chock full of parenting information. Why? So when they become parents and are struggling with issues they'll recall when that crazy trailer pulled in and gave them info about parenting and how they can seek assistance.
Participation in PRAMS is critical in obtaining breastfeeding data which is currently lacking. Kansas is reliant on the birth certificate data which does not capture exclusive breastfeeding nor duration of breastfeeding. Information on the county level is limited to WIC populations. The CDC Breastfeeding Report Card is not timely. Basic breastfeeding education should be required for all public health workers serving mothers and babies, not just WIC. Improved maternity care practices, workplace support for breastfeeding employees and child care provider education are all area of focus for the Kansas Breastfeeding Coalition (KBC). The KBC is willing to working the MCHB in Kansas to collaborate and improve breastfeeding support in Kansas. The KBC is also working with 34 communities in KS to build strong local breastfeeding coalitions. MCHB agencies and programs are encouraged to connect with their local breastfeeding coalition to increase their impact on breastfeeding support in their community. The KBC is willing to enhance and expand their support of local breastfeeding coalitions in collaboration with the KS MCHB.
24/7 breast feeding support help line Public Health education & services available to adolescents. Health Department will strive to increase our use of social media to communicate with the adolescent & young adult populations.
Better communication on what services are available and how to access them
improve availability of parenting and childbirth classes. There is a need for support group for special needs kids and multiples.
Kancare is a joke. My daughter's medicines are lifesaving it should not take 13 days calls from doctor office, pharmacy, and parents to get them approved. There needs to be better communication on the insurance company's side.
I believe we begin with the state and local agencies collaborating and assisting each other with finding barriers and communication. I have seen many instances where communication and decision makers are not collaborating to find out the barriers and to address these barriers for families. Families have so many hoops to jump through, and there are so many different rules/policies and frustrations they must deal with when seeking assistance. Also, instead of trying to fill in gaps but funding a million other little programs, put funding into current programs that are limping along. There are many great programs, but they need further funding to improve...not another little grant that fills in for a couple of years and disappears or that has not accountability behind it so they provide assistance for a limited amount of time and then reimburse funding into another grant opportunity and then another! Please strengthen the current systems that are serving children and families. Thank you!
More paperwork is definitely not the answer. Listen to the parents and teachers in that area, let them do their jobs and spend more time with the kids.
consistent data collection and report of consistent data cultural competence life course perspective and policy related
strengthen an existing policy that impacts health!
I feel in this area we have many resources that offer the same services to pregnant adults, young mothers, and children less than 5. Our biggest issues is getting these persons that have this great need referred to these programs and then getting them to actually follow up or attend. Much of our population is complacent. I don't know how to help with that.



<p>Improving access to care in rural areas</p> <p>Improved support for families who have a CYSHCN</p> <p>Improve understand by health professionals about how to better communicate with families and partner with them to meet the needs of their children (medical home)</p> <p>Offer more tele med options</p> <p>Improve health literacy for families</p>
<p>None at this time.</p> <p>Would be willing to participate in any of the examples used above if these would indeed improve the health of all.</p>
<p>Provide and promote after hour clinics</p> <p>Promote breast feeding for better growth and development</p> <p>Promote abstinence- "babies having babies" does put a considerable strain on any economy. It lowers the potential for learning and earning to both the young parents. It also impacts families drastically in so many ways</p>
<p>Better communication and support from the schools towards the health departments.</p>
<p>Make people responsible, stop the pandering and enabling for the sake of spending down funding. Put a hold on ALL services benefits and funding until the fraud is stopped.</p>
<p>Pregnant women in Medicaid program should have to have 2 visits with Nurse from the Health Department prior to delivery and then 1 visit afterwards.</p> <p>Becoming a Mom Program should be implemented statewide.</p> <p>Reform Federal Qualified Safety Net Clinic to provide prenatal services till 28 weeks.</p>
<p>Provide more education about the extent of the difficult situations that are here. sometimes it seems like there is no place to turn to for help</p>
<p>Could the program be revamped to be more like the Nurse-Family Partnership? I feel the MCH program needs to be more evidence based. There seems to be a lack of interest for M&amp;I and HSHV appointments. Our staff needs to be able to build a long term relationship with first time moms/new families. But with the amount of funding that we receive for this program it is not possible.</p>
<p>allow flexibility within the local community such as the Health Dept. to develop programs that are needed in their own area, do not make all areas implement grants exactly the same way. Try to minimize paperwork and emphasize service.</p>
<p>I am almost afraid to answer this question, because it seems like every time something is "improved" it adds another layer of dotting i's and crossing t's that further limits the time available to spend with clients and provide basic services. The bottom line is that the majority of clients we serve often have multiple issues when they come into the office and while I understand the business model and efficiency, many of the clients are not going to take education presented in a fifteen minute office visit and go out and make major life changes to show that we have done our job. Change is hard, it takes a lot of time to educate, encourage and support people in the process of making change. I feel our staff do a fantastic job from the entry into the agency until they leave, but it is challenging and exhausting work and people are complicated. This work is so important though, because if we neglect this population or give up on them because they are too big of a challenge, that creates a bigger problem for the community in the long run. I just think we need to do a better job of educating the decision makers in local, state, and federal government on the importance of the services we provide and the reasons the programs were created to begin with and to communicate why the business model does not apply well to health and social services.</p>
<p>preconception/interconception counseling</p> <p>greater availability of mental health counseling</p> <p>more low cost prenatal care</p>
<p>I gave examples in previous panels.</p> <p>Decrease disease transmission in schools and daycare. Improve cleaning.</p> <p>Have a prescribing practitioner and maybe medicines close to school and daycare to more easily get children seen and cured.</p> <p>Improve birth control options for reproductive age females, mostly teens however. Teach teen males to be more responsible, i.e. wear condoms.</p> <p>Try to make inroads into the growing Hispanic population: changing to healthier diets to avoid diabetes (avoid refried beans made with lard, use wheat tortillas instead of corn tortillas because corn is higher in vegetable fats, baked tortillas chips instead of fried, and less use of specialty organ meats, and decrease caffeine intake (coffee, soda, energy drinks) which lowers potassium levels and interferes with insulin levels. Decrease sodium intake. Vegetables help increase potassium levels but that is a tough program to push in today's advertisements of processed sodium-enriched snacks.</p>
<p>More stringent consequences for perpetrators of domestic violence. Change of approach toward perpetrators - specifically, removing the perpetrator from the home rather than the victim(s): followed by Court ordered classes for the perpetrator with severe penalties for noncompliance. Additional counseling could/should be provided to assist the victim(s) and their families in the areas of self-worth/self-concept and personal power.</p>

Keep policies current in reflecting best-practices/best reality. Continue to work with and expand stakeholders for effective collaboration and coordination of services. Expand availability of programs to families and those who work with families (child care, home visitors, school nurses, etc.)
collect data to better understand why there is resistance to having breastfeeding friendly hospitals when we know that a baby that is breastfed is healthier, has decreased medical expenses and mom benefits as well.
Funding should be based on measurable outcomes; agencies should be held accountable. Signing someone up for a parenting class is not pregnancy case management; offering immunizations once a week during working hours is not access to care; charging \$10 or \$15 per injection for VFC times four or five shots is not affordable for many of the working poor. Accountability, accountability....accountability....its time to base funding on performance.
Develop a statewide surveillance system to collect obesity data on children in pre-K through grade 5.
Gather BMI information with immunization so that there is data available on BMI esp. with children.
Find better ways to communicate with adolescents, find better forms of birth control that is affordable.
Regionalizing the local SRS Offices was a big mistake; The consumers themselves do not even know who to contact or where to call for questions they have about services that they may/are eligible for. Lack of assistance for these individuals with one on one help to complete the application process when many of these individuals are low functioning.
cheap and easy access to birth control, WIC, immunizations, better hours at local health departments, improve the horrible building "temporary" conditions at the Saline County health department
more education in school system
improve availability and quality of programs; education about particular policies
We desperately need more dental care. Currently clients travel 25-50 miles to have a Medicaid dentist treat them, then often the adults have teeth extracted (cheaper) instead of repaired. We need more diabetic education in primary languages. We need education on diet/exercise/dangers of obesity.
Encourage stronger, more cohesive partnerships between existing programs and services, including public/private partnerships.
Adequate funding along with health recommendations. Not targeting the funding to limited areas and disseminate it more evenly across the state. Use population average much the same as the state formula funding. State actively pursuing federal money for the general public health issues.
strengthen and simplify programs and services to families with young children (birth through school age) to help where families need it. I understand and appreciate accountability for funds and services, and the necessary documentation is becoming overwhelming and detrimental to services. Documentation is important, and it is NOT why people seek helping careers.
Help policy makers understand the importance of the investment in early childhood intervention and the gains not only for the child, and the mother, but society as a whole. Economically a huge savings too.
improve prenatal care reporting
Improve availability and economic development in the area, more centers to assist those underserved and not able to qualify for the state assistance available.
Better screening tools throughout
Work with the major providers of health services to recruit and maintain genetic services for the citizens of the state
Improving availability and quality of programs, as well as obtaining buy-in from policy makers and primary care providers.
Implement evidence based interventions with evaluation component.
The media is one of the biggest problems. because of their negative coverage of new clinics opening in the state that serve women's health, as "Abortion Clinics" this has cause people to think of our Title X family planning services as abortion clinics. The mention of "Planned Parenthood" is looked at as "Abortion Clinics"
not sure
Mothers, children, families : Education about health services and when to get the services Health insurance employment opportunities
none
Offer services in more than one location, i.e. either in a neighborhood or a traveling mobile unit.

collect data for specific needs of the underserved. Locate areas of the largest populations of families living with no insurance , no access to health care , and develop programs to help those families with education and tools to help themselves . Have a system in place that allows people access to basic care that have no way of getting assistance through the programs already in place. For example, Spanish speaking family with no insurance using ER for primary care issues.
Strengthen an existing policy that impacts health
Improve health insurance options for pregnancy and delivery outside of a hospital setting Share information with people about the birth statistics for hospitals/birthing centers/home births Strengthen information and advertising for breastfeeding/extended breastfeeding
See #15. Improving availability of, and access to, Board Certified Lactation Consultants to educate, promote and support breastfeeding would have an enormous impact on the health of families in Kansas. Breastfeeding is the single most important thing women can do to protect their children's health.
Strengthen policies that improve access to reproductive healthcare services, instead of giving the impression that the state would like to limit them. Improved support for Family Planning from the state level.
protect the midwifery model of care. provide access to midwifery care in the urban core. provide broad perspective childbirth education within communities, high schools with high child birth rates, etc.
Same answer as #15
Reimbursement to birth centers as FACILITYS...they are NOT being reimbursed for care of mother and baby postpartum-- -add as facilities! Increased access to midwifery care---save KS money
See my comments in sections 4 through 11. In general, health care records, beginning with the pre-natal records and birth records and infant care visits all the way through high school need to be integrated and designed for improving the developmental trajectories of all children, for preventing damage and optimizing outcomes. This can be done by optimizing the environmental - genetic interactions at the sensitive periods when children and parents are most responsive to the influences around them. This would ultimately save the public great costs, and have the result of reducing later costs associated with everything from heart disease, to teen pregnancy, to dropout and school failure.
All healthcare providers give the same message or confusion patients and clients,
New models of care need to be created that combine existing services. For example, in rural communities having combined clinics with the rural clinic providing well-child visits and local health departments providing immunizations, WIC.
na
Funding
Reform or restructure an aspect of service system. You don't need to collect more info on our kids and families. We are quite able to take care of kids ourselves. If the state would stop allowing service providers to inflate their rates to private pay families, more kids could be served. Special service providers are taking advantage of families, clients, and kids with Medicare/Medicaid benefits. There needs to be reform so that private pay families can afford the same services allowed to those on state aid. My husband and I pay the taxes that allow other kids on Medicaid to receive, but we can't give to our own child. Absurd.
Parenting classes with incentives to attend. Good, stable, local daycare at a reduced rate for low income Moms. Employment training with on site daycare
if the general public and professional health community had more information about the health status related to MCH that would be great. Short easy to read summary stats that we can share with the community to advocate. What is needed is more funding and we need to do more grass roots beyond the limited resources of KHDE and local health dept..
We would like to provide better access to care. We have the ability to expand services in our area but need support for other agencies to develop opportunities for individuals in need.
Explore the relationship of birth control usage and the presence of fibroids.
reform or restructure an aspect of the service system to make healthcare cost affordable to the middle class

<p>1. Expand telemedicine for both medical and mental health and make certain that there is adequate reimbursement for telemedicine through KanCare.</p> <p>2. Keep adequate funding for early childhood programs funded by the CIF.</p> <p>3. Support the Kansas State Department of Education's TASN program (providing technical assistance to schools and access to autism diagnostic services in collaboration with autism expertise both in Kansas City and Wichita).</p> <p>4. Support autism insurance legislation (as exists in 26 other states).</p>
<p>As a state we can better utilize data and information collected by the Kansas Child Death Review Board.</p> <p>We have a significant number of children and mothers that do not have health insurance, and this needs to be remedied. An important step toward improving the health of mother, children and families in this state will be to expand Medicaid in accordance with the affordable care act.</p> <p>Access to dental care for children, expectant moms, and low-income families across the state is a major concern. Kansas simply does not have enough providers to meet the demand, especially for those insured by Medicaid and/or seeking care at a community health center. As a state we need to adopt additional provider models to expand the capacity of current dental offices and community health centers.</p>
<p>These are difficult issues. There is no one cookie cutter remedy. Education and diligent support services are key to success. Primary providers often hold the key to access to services but there are not available services in rural and frontier areas.</p>
<p>I feel like it begins with education, not only of the mothers, but also of providers.</p> <p>It also seems like sometimes as a society we get so caught up in being "politically correct" that we miss out on opportunities to make an impact and change a person's way of living.</p>
<p>More programs through social media for WIC and families</p>
<p>Develop data systems that provide information at the population level for injury, obesity, mental health, oral health, breastfeeding, etc. Support the Safe Kids network of coalitions to improve transportation safety of children, promote breastfeeding, support integration of primary care and public health efforts, promote physical activity in community, ECE and school settings, strengthen and implement ECE policies related to physical activity.</p>
<p>support sex education that is evidence based and promotes prevention of STDs and pregnancy</p>
<p>Keep trying to make more people aware of services available in the communities and educate stakeholders, parents, etc. on areas that need improvement.</p>
<p>We have become a people who expect the government to provide for us, working for our needs is not an option, we want the government to provide. It is handed down from generation to generation. If people are not held more accountable for their actions we will destroy ourselves with a very weak people.</p>
<p>Improve availability of condoms to protect against teenage pregnancies.</p>
<p>Collecting data to find out what specifically is needed.</p> <p>Make programs available at times such as evening or Saturdays.</p>
<p>I feel that we need a more clearly defined and implemented system of care to reduce infant mortality, especially within minority populations.</p>
<p>Strengthen tobacco control</p> <p>Increase programs that include physical activity</p> <p>reduce sugary drink consumption</p> <p>prenatal classes offering in our county</p>
<p>Improve availability and quality of programs.</p>
<p>Information sharing</p> <p>WIC needs to promote breastfeeding by not providing formula at birth</p>
<p>Restructure home visiting into one Kansas home visiting program</p> <p>End formula distribution through WIC</p>
<p>Making sure access to health departments and programs are available to all who have needs</p>
<p>Educate the need to county officials and boards of health, work on obtaining more physician and services (i.e., low income dental services) for the people in rural areas.</p>
<p>CYSHCN - eligibility to services needs to be looked at. We have a lot of families that don't qualify any longer but cannot afford to pay for services themselves.</p> <p>The children then go without services.</p>
<p>Our numbers are low out here.</p> <p>I think if we could start a program in the JR. SR High School to educate the teens on wellness, health and pregnancy, the outcomes would improve. (This would take several years to see the outcomes) Our School has moved to teaching core classes and there is "no time" to teach the basics of life. Most students are too busy to join 4-H and Girl/Boy Scouts and other like organizations to learn HEALTH. Where do we teach/focus on these subjects? Public Health can offer education, but if there is not time for the students/population to attend or if it is not a priority, no one will attend. The</p>

message does not get out there.
improve upon the programs that are already available.
Stick to evidence based interventions
continue to strive to bring services closer to southwest Kansas
the middle class is falling thru the cracks, and we would like to see a better understanding of the policy's that enable this

## 17. Other general comments

Response	Count
	19
<b>answered question</b>	<b>19</b>
<b>skipped question</b>	<b>273</b>

Response Text
Today's youth is over-educated about how to become a parent and under-educated at being a parent. Having these skills will reduce child abuse, neglect, obesity, diabetes, blood pressure issues, etc. Teach them what they need to do from the beginning. It's much easier than breaking an established pattern and it will get better with each generation.
none
None at this time
We have a moral obligation to provide the basic care to all of our legitimate citizens in the hope of providing for a healthy and productive future generation.
Policy of Limiting drink size at point of purchase and restaurants. Policy that every restaurant provides calorie information on menu. More low calorie choices at concession stands at athletic events around the state.
I have motor-mouth as it is. :)
Also, stronger Child Support Enforcement efforts and consequences for parents who are not supporting their children!
None
Leadership looking at multiple options, education and knowledge should match what programs are providing.
none
Need more information about upcoming state health insurance opportunities for January 2014
no
None
na
Jamie Kim does an outstanding job and well respected through the state, and beyond!
development of quality programs
I don't think that I commented on the school aged children about our use of medications to control this group. I am beginning to see an obvious overuse of medications in our area. We have actually had two hospitalized d/t overdose in the last four months. It isn't one provider, but a mentality that is causing the problem. Again I think that this is ramification of ignoring the stages of development in our kiddos and shifting all of our focus towards academic achievement (although it seems that even with all the extra focus there we are lowering the bar).
I appreciate the opportunity to explore how we might collaborate with joint resources to improve the health outcomes for women and children.
Access to the new Plan B pill or morning after pill, make this more available to persons who want it.